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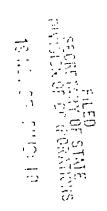
(Rec	questor's Name)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F		





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RA Change

COVER LETTER

TO:	Registration Section
	Division of Corporation:

SUBJECT:	WELLNESS COUSNELING & RESIDENTIAL DETOXIFICATION SERICES, LLC					
SOBJECT.	Nan	ne of Limited I	liability Company			
Dear Sir or M	vladam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	e following:			
Joshua A.	Payne					
	Name of Person					
	Firm/Company		<u>—</u>			
740 SF In	dian Street					
	Address					
Stuart, FL	34997					
	City/State and Zip Code					
legal@trea	atmentllc.com					
E-mail	address: (to be used for future am	nual report noti	fication)			
For further i	nformation concerning this matter	, please call:				
Joshua A.	Payne	772	210-7817			
	Name of Person		Area Code & Daytime Telephone Number			
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporatiClifton BuildingP.O. Box 6327		ivision of Corporations				
Enc	losed is a check for the following	g amount:				
☑ \$	25 Filing Fee	<u> </u>	555 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	6300 SE Federal Highway	(b	770 SE	Indian Street		
,	Principal office address of limited liability company:	_ `	_	Tailing address of limited liability com (Note: MAY BE POST OFFICE RO		
	(Note: MUST BE STREET ADDRESS) Stuart, FL 34997		Stuart, F		<u> </u>	
	Stuart, 1 L 34997	_	Stuart, r	L 34997		
	3/7/2013	_	L1300003	35182		
	Date of filing/registration in Florida	4.		Document number		
5. (a)	ABERNETHY, BRUCE R, JR.					
. ()	Registered Agent and Registered Office shown on the records of the 130 S. INDIAN RIVER DRIVE, SUITE 201	the Florida	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>(DDRESS</u>	1			
	FT. PIERCE	34950				
	PAYNE, JOSHUA A.					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	. ·	L	:
	740 SE INDIAN STREET			·		
	NEW Registered Office Address:				1	-> - -> -
					-	:
	STUART	34997		•		고) 기
	, FL				```	C
he cha igent w was/we	STUART FL. mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of	the regisability co of the lim	tered office mpany, it is ited liability	and the business office of the hereby confirmed that the cha company or as otherwise pro	r ar	regist ange(s
	cles of organization or the operating agreement of the	limited I	iability com			
Signat	ure of anymber or authorized representative of a member		ineth Soki	Printed or typed name of signee	IOIV	
I herel Provisi	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided	performa	ince of my c	luties, and I am familiar with ar	nd ac	cer.