

9/25/24, 9:13 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1300101224

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000326050 3)))



H240003260503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
BANYAN TREATMENT AND RECOVERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
2024 SEP 25 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

SEP 30 2024

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.

1. Name of the limited liability company: BANYAN TREATMENT AND RECOVERY, LLC

2. (a) 950 N Federal Hwy (b) 225 N FEDERAL HWY

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE #115

SUITE #S08

POMPANO BEACH, FL 33062

POMPANO BEACH, FL 33062

7/17/2013

L13000101224

3. Date of filing/registration in Florida

4. Document number

5. (a) BTC INTERMEDIATE HOLDINGS LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

225 N Federal Hwy

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE #808

POMPANO BEACH, FL 33062

C T Corporation System

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kathryn McBride

Kathryn McBride

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System Natalie Pickens

Signature of Registered Agent Natalie Pickens, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2024 SEP 25 PM 4:16
TALLAHASSEE, FL
SECRETARY OF STATE