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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Nar	ne)			
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Certified Copies	Certificates	s of Status			
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Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Section		_	f.	A	3	
	Division of Corporations		f.			7	
SUBJ	Sunspire Health Florida, LLC						
0000		of Limited I	.iability Compan	v		-	
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offic	e Change an	d fee(s) are subm	itted for filin	<u> ೪</u> .		
Please	return all correspondence concerning this	matter to the	e following:				
Jose	oh B. Tuttle						
	Name of Person						
Suns	pire Health Florida, LLC						
	Firm/Company					70	
950 N	I. Federal Highway #115					2019 HAR 25	API
	Address				10.5	R 25	部
Pomp	pano Beach FL 33062				※	(P	0 7
	City/State and Zip Code					်က္က မှာ တြင့္က မျ	
jtuttle	@banyantreatmentcenter.com						I
E	-mail address: (to be used for future annua	l report notif	ication)			· .	
For furt	ther information concerning this matter, pl	ease call:					
Josep	h Tuttle	954 at (533-7705				
	Name of Person	\ <u></u>	Area Code & D	aytime Tele	phone Number	ı	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRE gistration Section vision of Corpora D. Box 6327 dahassee, Florida	tions			
	Enclosed is a check for the following an	iount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Co	enified Copy	,		

INHS18 (2/14)

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. Na	ame of the limited liability company: Sunspire Hea	lth Florida, LLC	
2. (a)	215 W. Verne Street, Suite B	(b) 950 N Fede	eral Highway #115
(3)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailir	ng address of limited liability company: ue: MAY BE POST OFFICE BOX)
	Tampa	Pompano B	each
	FL 33606	FL 33062	
	08/14/2013	L1300011504	1 1
3.	Date of filing/registration in Florida	4. Doc	ument number
5. (a)	Sean Mintz		
(u)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:	- 30
	950 N Federal Highway #115		9MR
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	R 25
	Pompano Beach , FL	33062	2019 MAR 25 PM 3
(b)	Joseph Tuttle		刊 (A)
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	÷
\	950 N Federal Highway		
1	NEW Registered Office Address:		
	Suite #115		
	Pompano Beach	3062	
ne chan gent wi vas/wer	nited liability company is not organized under the laws age or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	ne registered office and t ility company, it is herel the limited liability com	he business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	Je Mich	Joseph Tuttle	
	re of a member or authorized representative of a member		d or typed name of signee
hereby rovisión ne obligo merel otified i	caccept the appointment as registered agent and agreems of all statutes relative to the proper and complete potations of my position as registered agent as provided to reflect a change in the registered office address, I he in writing of this change.	to act in this capacity. Erformance of my duties, or in Chapter 605, F.S. reby confirm that the lin	I further agree to comply with the and I am familiar with and accept Or. if this document is being filed liability company has been
ignature	of Registered Assert		