

L13000123167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

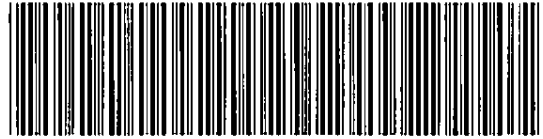
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEHAVIORAL HEALTH OF NORTH FLORIDA PLLC  
Name of Corporation

**DOCUMENT NUMBER:** L13000123167

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Gross

Name of Contact Person

Behavioral Health of North Florida, PLLC

Firm/Company

3733 University Blvd W, STE 214

Address

Jacksonville, FL 32217

City/State and Zip Code

jgross@bhnorthflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Gross

Name of Contact Person

at ( 904 )

415-6731

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2024

JONATHAN GROSS  
BEHAVIORAL HEALTH OF NORTH FLORIDA, PLLC  
3733 UNIVERSITY BLVD W, STE 214  
JACKSONVILLE, FL 32217

SUBJECT: BEHAVIORAL HEALTH OF NORTH FLORIDA PLLC  
Ref. Number: L13000123167

We have received your document for BEHAVIORAL HEALTH OF NORTH FLORIDA PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 124A00002251

**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: Behavioral Health of North Florida, PLLC

2. (a) 3F 3733 University Blvd W. STE 214 (b) [same]  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Jacksonville, FL 32217

3. 8/30/2013 Date of filing/registration in Florida 4. L 13000123167 Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
476 Riverside Ave  
Jacksonville, FL 32202

(b) Jonathan Gross, P.S.D.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3733 University Blvd W. STE 214  
NEW Registered Office Address:  
Jacksonville, FL 32217

**FILED**  
2024 FEB 12 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Jonathan Gross, P.S.D.  
Signature of a member or authorized representative of a member

Jonathan Gross, P.S.D.  
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.*

Jonathan Gross, P.S.D.  
Signature of Registered Agent