

113000126291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

New RA must sign

Office Use Only



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DIVISION OF CORPORATIONS  
19 AUG -7 PM 2:30

AUG 09 2019

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cox Behavioral Health Group LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur J Cox, Sr.  
Name of Person

Cox Behavioral Health Group LLC  
Firm/Company

13720 Old St. Augustine Road Ste. 8-221  
Address

Jacksonville, FL 32258  
City/State and Zip Code

Coxbhg@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur J. Cox, Sr. at 904 608-9881  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2019

ARTHUR J COX, SR  
COX BEHAVIORAL HEALTH GROUP LLC  
13720 OLD ST AUGUSTINE ROAD, STE 8-221  
JACKSONVILLE, FL 32258

SUBJECT: COX BEHAVIORAL HEALTH GROUP LLC  
Ref. Number: L13000126291

We have received your document for COX BEHAVIORAL HEALTH GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement not the old one.

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  
Senior Section Administrator

Letter Number: 419A00014750

RECEIVED

2019 AUG -7 AM 10:05

**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: Cox Behavioral Health Group LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

13720 Old St. Augustine Road Ste 8-221

Jacksonville, FL 32258

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

13720 Old St. Augustine Road Ste 8-221

Jacksonville, FL 32258

9/01/2013

L13000126291

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Arthur J. Cox, Sr.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

13720 Old St. Augustine Road 8-221

Jacksonville, FL 32258

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Travis J. Cox

**NEW Registered Office Address:**

13720 Old St. Augustine Road 8-221

Jacksonville, FL 32258

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.

Arthur J. Cox Sr.  
Signature of a member or authorized representative of a member

Arthur J. Cox, Sr.

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.*

Travis J. Cox  
Signature of Registered Agent

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DIVISION OF STATE  
CORPORATIONS