

L14000032498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

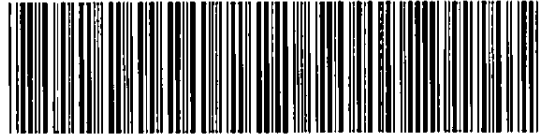
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
APR 26 2023

Office Use Only



200406703722

FILED  
2023 APR 25 PM 4:11  
SECRETARY  
TALLAHASSEE  
FLORIDA  
RECEIVED  
2023 APR 25 PM 4:11  
TALLAHASSEE  
FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 701010 7872917

AUTHORIZATION

COST LIMIT

*[Signature]*  
\$ 25.00

ORDER DATE : April 25, 2023

ORDER TIME : 1:50 PM

ORDER NO. : 701010-005

CUSTOMER NO: 7872917

CHANGE OF AGENT

NAME: PSYCH OWNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Psych Owner, 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:

Judy Persson

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Name of Person

Praesum Healthcare

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Firm/Company

2328 10th Avenue N, Ste 300  
Address

Lake Worth Beach, FL 33461

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City/State and Zip Code

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

For further information concerning this matter, please call:

Judy Persson at (561) 318-4438

Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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: Psych Owner, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
2328 10th Avenue N, Ste. 300  
Lake Worth Beach FL 33461

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
2328 10th Avenue N, Ste. 300  
Lake Worth Beach FL 33461

3. 02/25/14 Date of filing/registration in Florida  
4. L14000032498 Document number

5. (a) Nason, Nathan E  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Nason Yeager, et al.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3001 PGA Blvd, #305  
Palm Beach Gardens, FL 33410

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

Timothy Doran, Manager

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.*

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**