

L140000D99059

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

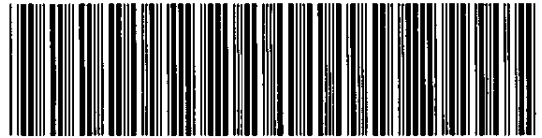
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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change

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR - 6 PM 3:05  
NO DELAYED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 APR - 6 PM 3:14  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

4/7/15

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**BRIDGING THE GAP OUTPATIENT LLC**

**L14000099059**

**Thank you!**

☐ Profit

☒ **Amendment**

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ **LLC**

☐ Name Registration

**Amendment**

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

4/6/2015

Order#:

Availability \_\_\_\_\_

**9504313**

Document

**ST**

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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: Bridging the Gap Outpatient LLC
2. (a) 221 San Vincente (b) 221 San Vincente  
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
Panama City Beach, FL 32413  
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  
Panama City Beach, FL 32413

3. 06/19/2014 4. L14000099059  
Date of filing/registration in Florida Document number

5. (a) Justin E. Tail, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 South Orange Ave., Ste. 2900

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32801

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

NRAI Services, Inc.

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 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.

Kevin D. Lee  
Signature of a member or authorized representative of a member

Kevin D. Lee  
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.

Gwendolyn Andrews  
Signature of Registered Agent

Gwendolyn Andrews, Special Assistant Secretary

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

FILING FEE: \$25.00