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D. SCOTT JAN 31 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320/234

Re: INDIAN RIVER BEHAVIORAL HEALTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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 Re	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) King of Prussia PA 19406 07/24/2014 Date of filing/registration in Florida C T Corporation System gistered Agent and Registered Office shown on the records of the registered Office Address (MUST BE FLORIDA STREET AD Plantation PL Pl	DDRESS)	•	(Note: March 16777 Docume	PA	nited liability company: POST OFFICE BOX) 19406 Der
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<u>1</u> <u>N</u> 1	Corporation Service Company			_		
<u>NI</u>	ter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:			主义
<u>NI</u>						5
_	201 Hays Street			_		
Т:	EW Registered Office Address:					
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	allahassee , FL_	32301		_		
ne change gent will vas/were	ted liability company is not organized under the laws e or changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of soforganization or the operating agreement of the li	ne regist fility cor the limi	tered offic mpany, it ted liabili	ce and the is hereby of ity compan	busines: confirm	s office of the registere ed that the change(s)
	Xel E. Where	Jill C	ilmi, Auth	orized Per		
Signature	or a member or authorized representative of a member			Printed or	typed na	me of signee
rovisións he obliga o merely	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete positions of my position as registered agent as provided preflect a change in the registered office address, I he writing of this change.	e to act i erforma for in C reby co	in this cap ince of my hapter 60 nfirm that	pacity. I fi duties, an 5, F.S. Oi t the limite	urther a nd I am j r, if this nd liabil	gree to comply with the familiar with and acce document is being file ity company has been
Marie	ce t-Kuble			irby, Asst		

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