

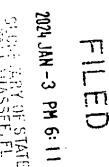
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## **COVER LETTER**

Division of Corporations	
Origins Behavioral Healthcare of Florida, LLC	
	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
John Harrison Hough	
Name of Person	
Murphy Reid, LLP	
Firm/Company	<del></del>
11300 US Highway One, Suite 401	
Address	
Palm Beach Gardens, FL 33408	
City/State and Zip Code	
jhough@murphyreid.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
John Harrison Hough 561	723-5511
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. N	ame of the limited liability company: Origins Behavioral			
2. (a)	c/o Hanley Foundation	(b	c/o Hanley	Founaation
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	101 Northpoint Parkway, West Palm Beach, FL 33407	_	101 Northp	point Parkway, West Palm Beach, FL 33407
	10/29/2014	_	L140001686	03
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
ر. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS ST			-
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	<u> </u>	FIL 2024 JAN -3 SECKE VARY
	TALLAHASSEE , FL_	32301	_	FILED  S JARY OF STA
(b)	John Harrison Hough			SEELF
	Enter name of NEW Registered Agent and/or NEW Registered (	Office <u>ad</u>	<u>dress</u> :	
	11300 US Highway One			;***  <del></del> -
	NEW Registered Office Address:			
	Suite 401			_
	Palm Beach Gardens, FL	33408		-
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liab ere atthorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	egistere oility co othe lim	ed office and impany, it is lited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
I here provis the ob	ature of amember or authorized representative of a member why accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided well reflect a change in the registered office address, I had in writing of this change.	e to act performe for in C pereby co	in this cape ance of my c Chapter 605 onfirm that i	Printed or typed name of siguee activ. I further agree to comply with the duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been