

L150000 72891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSYCHIATRIC SPECIALTY CENTER 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:

ELSSY N OMS

Name of Person

PSYCHIATRIC SPECIALTY CENTER LLC

Firm/Company

560 VILLAGE BLVD STE 150

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

concetta@lupardocpa.com

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

For further information concerning this matter, please call:

CONCETTA R LUPARDO, CPA

at (954) 692-1350

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

**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: PSYCHIATRIC SPECIALTY CENTER LLC
2. (a) 560 VILLAGE BLVD  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SUITE 150  
WEST PALM BEACH, FL 33409
- (b) 560 VILLAGE BLVD  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 150  
WEST PALM BEACH, FL 33409

3. 4/24/2015  
Date of filing/registration in Florida
4. L15000072891  
Document number

5. (a) OMS, ELSSY N  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4445 PINE FOREST DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LAKE WORTH, FL 33463

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

560 VILLAGE BLVD

**NEW** Registered Office Address:

SUITE 150

WEST PALM BEACH, FL 33409

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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.

ELSSY N OMS

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