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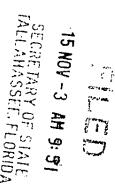
(Re	equestor's Name)					
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PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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COVER LETTER

	vision of Corporations						
SUBJECT	PSYCHIATRIC SPECIALTY CEN	ITER LLC					
Name of Limited Liability Company							
Dear Sir or	Madam:						
The enclos	ed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning this matt	er to the following:					
ELSSY N	OMS						
	Name of Person						
PSYCHIA	ATRIC SPECIALTY CENTER LLC						
	Firm/Company						
560 VILL	AGE BLVD STE 150						
	Address						
WEST P	ALM BEACH, FL 33409						
**********	City/State and Zip Code						
	@lupardocpa.com						
E-ma	il address: (to be used for future annual rep	port notification)					
For further	information concerning this matter, please	e call:					
CONCE	ITA R LUPARDO, CPA	954 692-1350					
	Name of Person	Area Code & Daytime Telephone Number					
Re Di Cli 26	gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Er	closed is a check for the following amou	ent:					
Ø	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. Na	me of the limited liability company: PSYCHIATR	IC SPE	CIALTY C	ENTER LL	C
2. (a)	560 VILLAGE BLVD	(b	560 VILI	AGE BLV)
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	N	(Note: MAY B	of limited liability company: BE POST OFFICE BOX)
	SUITE 150		SUITE 1	50	
	WEST PALM BEACH, FL 33409		WEST P	ALM BEAC	CH, FL 33409
	4/24/2015		L1500007	'2891	
3.	Date of filing/registration in Florida	4.		Document nu	mber
5. (a)	OMS, ELSSY N				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:	∑s <u> </u>
	4445 PINE FOREST DRIVE				5 5
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>		NOV - STATE
					TARY
	LAKE WORTH . FL	33463			
(b)	A Control of the Cont				9: 91 STATE STATE
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:		<i>P</i>
	560 VILLAGE BLVD				
	NEW Registered Office Address:				
	SUITE 150				
	WEST PALM BEACH	33409			•
-	, FI				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the registability control of the limited l	stered office ompany, it is sited liability liability com	and the busing the hereby confinence of the hereby confinence or the hereby company or apany.	ness office of the registered irmed that the change(s)
- 61		ELS	SSY N ON		
•	ture of a member or authorized representative of a member				d name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d.in writing of this change.	ree to act performed for in C hereby c	t in this cape ance of my d Chapter 605 onfirm that i	acity. I furthe duties, and I a , F.S. Or, if t the limited lia	r agree to comply with the im familiar with and accept his document is being filed ibility company has been
Signatu	re of Registered Agent				