L16000142537

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only other Electric Transfer of the Control of the				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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O SIMMONS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/30/2019					
	Merritt Walker					
Reference	#:1041932	-				
	e: ALL ADDICTIO	N RECOVERY LLC				
Artic	les of Incorporation/Authorization	o Transact Business				
☐ Ame	ndment					
✓ Change of Agent						
☐ Rein	statement					
Conversion .						
☐ Merg	ger					
☐ Dissolution/Withdrawal						
☐ Fictit	ious Name					
☐ Othe	er					
Authorized	Amount:\$25					
Signature:	uw	<u></u>				

F: 800.944.6607

+44 (0)20.3961.3080

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	Name of the limited liability company: All Addiction		ion Recovery LLC
	330 US HWY 1	(b)	375 W Indiantown Rd
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 2	_	Suite 103
	Lake Park, FL 33403		Jupiter, FL 33458
	07/29/2016	_	L16000142537
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Medina, Kelly		_
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of St	
	17326 Thrush Drive	SEC.	
	Registered Office Address (MUST BE FLORIDA STREET A	至	
			NA STATE
	Jupiter , FL	33458	型で 一 川
	,		
(b)	COGENCY GLOBAL INC.		- 9. F
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	LORIOA 19:
	115 North Calhoun Street, Suite 4	ţ	
	NEW Registered Office Address:		_
	Tallahassce, FL_	32301	
agent was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the law.	s of the State of F the registered offi bility company, it the limited liabil imited liability co	cc and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the oblination of th	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change. The writing of this change.	e to act in this co	posity. I further cores to comply with the

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