116000227428

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



300321028963

11/26/18--01006--021 **35.00

13 21 /3 H 39

O StiviNiONS DEC 252018



December 3, 2018

ERIC NETCHER, ESQ 201 E PINE ST, STE 1200 ORLANDO, FL 32801

SUBJECT: ACCELERATE BEHAVIORAL HEALTH, LLC

Ref. Number: L16000227428

We have received your document for ACCELERATE BEHAVIORAL HEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 618A00024718

 (\cdot)

COVER LETTER

TO: Registration Section

Division of Corporation	ns							
ACCELERATE SUBJECT:	ACCELERATE BEHAVIORAL HEALTH, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agen	t/Registered Office Chang	e and f	ec(s) are submitted for filing.					
Please return all correspondence	ce concerning this matter t	o the fo	ollowing:					
Eric J. Netcher, Esquire								
Name	of Person		_					
Dean, Ringers, Morgan &	Lawton							
Firm/C	Company		-					
201 East Pine Street, Suit	te 1200							
Add	ress		_					
Orlando, FL 32801								
City/State	and Zip Code		_					
ENetcher@drml-law.com								
E-mail address: (to be use	ed for future annual report	notific	ation)					
For further information concern	ning this matter, please cal	l i :						
Eric J. Netcher	407 at (7	422-4310					
Name of Perso	\		Area Code & Daytime Telephone Number					
Registration SectionRegiDivision of CorporationsDiviClifton BuildingP.O.		ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314						
Enclosed is a check for the following amount:								
□ \$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.

l. N	lame of the limited liability company: Accelerate B	enavio	rai He	eaith, Li	TOO 4		
2. (a)	1518 Stoneywood Way, Apopka, FL 32712 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>P.(</u>	Ma	730, Apopka, FL 32704 liling address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
3.	12/16/2016 Date of filing/registration in Florida	 4.	 L16	000 22 7	7428 Document number		
5. (a	United States Corporation Agents, Inc.						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 Winding Oak Court A.				<u></u> 00		
	Tampa, F	_3361	2		· · · · · · · · · · · · · · · · · · ·		
(b					~		
(0	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	iddress:		MH: 39		
	Eric J. Netcher, Esquire				3 <u>9</u>		
	NEW Registered Office Address:						
	201 East Pine Street, Suite 1200						
	Orlando F	L 3280	1				
the clagent was/v	limited liability company is not organized under the leange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the repliability of the limited in the limited i	gistere compa imited d liabil	d office iny, it is liability ity comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Sign	nature of a member or authorized representative of a member	1	<u>viai.</u>	11000	Strittmon Printed or typed name of signee		
ine o to me	reby accept the appointment as registered agent and agsions of all statutes relative to the proper and completed bligations of my position as registered agent as providerely reflect a change in the registered office address, led in writing of this change.	gree to d te perfor ted for it I hereby	ict in ti mance i Chap confir	his capa of my di ster 605, m that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he iimited liability company has been		
Signs	ture of Registered Agent						