

L17000199593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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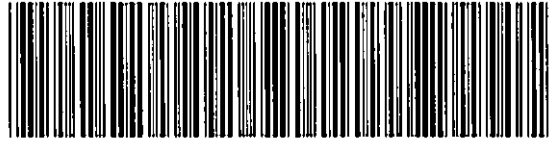
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

NOV 06 2018

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Behavioral Health 4Life, 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:

Miriam RIVERO  
Name of Person

Behavioral Health 4Life, LLC  
Firm/Company

1172 S. Dixie Highway; Suite 440  
Address

Ocala Gables, FL. 33146  
City/State and Zip Code

m\_rivero@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam RIVERO at (305) 310-1070  
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

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TALLAHASSEE, FLORIDA

**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: Behavioral Health 4Life, LLC
2. (a) 1172 S. Dixie Highway (b) 1172 S. Dixie Highway  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Suite 440 Suite 440  
Oral Labs, FL 33146 Oral Labs, FL 33146

3. September 26, 2017 4. L17000199593  
Date of filing/registration in Florida Document number

5. (a) Miriam Rivero  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8150 SW 72 AVENUE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 1444  
Miami, FL 33143

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

1172 S. Dixie Highway  
NEW Registered Office Address:  
Suite 440  
Oral Labs, FL 33146

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.

Miriam Rivero  
Signature of a member or authorized representative of a member

Miriam Rivero  
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.

Miriam Rivero  
Signature of Registered Agent

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