

L18000048288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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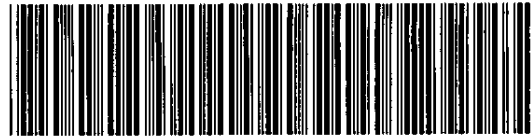
(Business Entity Name)

(Document Number)

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RECEIVED  
SECRETARY OF STATE  
18 MAY - 1 PM 4:28

FILED  
2018 MAY - 1 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 190143 4320855  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2018  
ORDER TIME : 3:51 PM  
ORDER NO. : 190143-005  
CUSTOMER NO: 4320855

CHANGE OF AGENT

NAME: NEUROPSYCHIATRIC RESEARCH  
CENTER OF SOUTHWEST FLORIDA,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

**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: NEUROPSYCHIATRIC RESEARCH CENTER OF SOUTHWEST

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

14271 METROPOLIS AVENUE STE A

14271 METROPOLIS AVENUE STE A

FORT MYERS, FL 33912

FORT MYERS, FL 33912

12/20/1993

L18000048288

3. Date of filing/registration in Florida

4. Document number

5. (a) Schaerf, Melissa

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14271 Metropolis Avenue, Ste A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33912

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Lisa R. Samblanc  
Signature of a member or authorized representative of a member

Lisa R. Samblanc  
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.*

Emily Croft  
Signature of Registered Agent Corporation Service Company

BY: Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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