L18000124932

(Re	questor's Name)						
(Ad	dress)						
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(Ćit	y/State/Zip/Phone	e #)					
(Bu	siness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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A. BUTLER MAR 3 0 2022

COVER LETTER

TO:		stration Section sion of Corporations	€ 	* *				
SUBJE	FCT	TURNING TIDES EATING DISORDER TREATMENT CENTER LLC						
		Name of Limited Liability Company						
Dear S	ir or N	Aadam:						
The en	closed	Registered Agent/Registered Office	: Change and t	fee(s) are submitted for filing.				
Please	return	all correspondence concerning this	matter to the fe	ollowing:				
Sandy	Milling	gton						
		Name of Person		_				
Refresh	n Mana	igement, LLC						
		Firm/Company		_				
320 Ist	i St N,	Suite 712.						
<u> </u>		Address		_				
Jackson	nville E	Beach, FL 32250 .						
		City/State and Zip Code		_				
samillir	ngton@	grefreshmentalhealth.om						
Ē	-mail	address: (to be used for future annua	I report notific	cation)				
For fur	ther in	formation concerning this matter, pl	ease call:					
Michell	le Lun:	sford	215 at (908-9145				
		Name of Person	_ ut (Area Code & Daytime Telephone Number				
	Regi	ling Address: stration Section sion of Corporations		<u>Street Address:</u> Registration Section Division of Corporations				
	Р.О.	Box 6327		The Centre of Tallahassee				
	Talla	hassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	osed is a check for the following ar	nount:					

🔳 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

• • • •

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.

. Na	Turning Tides Eating Disorder Treatment Center, LLC		(1.)	Turning Tides Eating I	Disorder Treatment Center, LLC		
. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)				
	4300 MARSH LANDING BLVD.			4300 MARSH LANDI	NG BLVD.		
	#101			<i>4</i> 101			
	Jacksonville Beach, FL 32250			Jacksonville Beach, FL I	32250		
	Date of filing/registration in Florida	- 4.	_	Document	number		
. (a)	05/18/2018 Document Number L18000124932						
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ANSBACHER LAW						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				(r) 20		
	8818 GOODBYS EXECUTIVE DR				TAC 17		
	JACKSONVILLE, FL	3221	;		FILED 2022 HAR 21 PH 2: 02 SECRETARY OF STAT		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				R P D		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	<u>ress</u> :	STI 2		
	Sandy Millington				UTE UZ		
	NEW Registered Office Address:						
	320 1st Street North, Suite 712						
	Jacksonville Beach	32250	}				
hange gent w /as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of t regist ability of the l limite	he S ered con iimit d lia	State of Florida, it is he d office and the busine npany, it is hereby con ted liability company of	ss office of the registered firmed that the change(s)		

Signature of a member or authorized representative of a member

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.

Sandy Hillington (Feb 21, 2022-15-17 EST)

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Signature of Registered Agent

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