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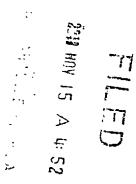
(Requestor's Name)					
(Address)					
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(City	y/State/Zip/Phone	<del>;</del> #)			
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(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: November 13, 2018

Order#: 478852/011

Re: THE TREATMENT CENTER BY THE RECOVERY VILLAGE, LLC

Enclosed please find:

XX\_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## . 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.	Na	me of the limited liability company: THE TREATMEN	IT CENT	FER BY THE RECOVERY VILLAGE LLC
2 (	:13	100 SE 3RD AVENUE SUITE 1800	(h)	100 SE 3RD AVENUE SUITE 1800
2. (	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (**)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		FT LAUDERDALE, FL 33394	_	FT LAUDERDALE, FL 33394
		09/10/2018		L18000214163
3.		Date of filing/registration in Florida	4.	Document number
5. (	a)	GREENSPOON MARDER, P.A.		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		200 EAST BROWARD BLVD SUITE 1800		."
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	MAN TI
				. § 77
		FORT LAUDERDALE FL	33301	
		,110_	00001	
(	b)	Corporation Service Company		E O
•	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:
		1201 Hays Street		
		NEW Registered Office Address:		<del></del>
		Tallahassee FI.	32301	
		, 10_	02001	<del></del>
the dager was	cha it w 'we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor The limi	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	/s	/ Mitchell Eisenberg	Mitch	nell Eisenberg, Manager
Sig	griat	ure of a member or authorized representative of a member		Printed or typed name of signee
prov the o	isio bli ere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act i verforma for in Ci vreby coi	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Sign	atur	Mca. C. T. W. O. J. J. Corporation Service Company	BY: Gra	ace E. Kirby Asst. Vice President