## L19000200296

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





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VS 14/14/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: August 27, 2020

Order#: 345704/070

Re: BHE BEHAVIORAL HEALTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.

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:Erika Zavala Daza 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.

(a)	6855 RED ROAD, SUITE 600		(b)	6855 RED ROAD, SUITE 600
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33143			CORAL GABLES, FL 33143
	08/01/2019		L	19000200296
	Date of filing/registration in Florida	4.	_	Document number
(a)	FRIEDMAN, DAVID R, ESQ.			
` '	Registered Agent and Registered Office shown on the records o	f the Flo	rida I	Dept. of State:
	6855 RED ROAD, SUITE 500			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)	
	CORAL GABLES, F	3314 L	3	<del></del>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Corporation Service Company	d Office	add	
	NEW Registered Office Address:			<del></del>
	1201 Hays Street		<u>.</u>	
	Tallahassee , F	3230 L	1	
	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	e regis ability of the	tered con limit	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
nt v s/we arti	icles of organization or the operating agreement of the		_	
nt v s/we arti	icles of organization or the operating agreement of the		_	ilmi, Authorized Person  Printed or typed name of signee

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company