

L19000 204 230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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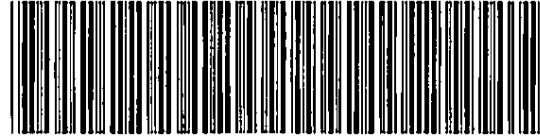
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RH/RO/chs

JAN 07 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beechwood Psychiatry 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:

Suzanne R. Yoder MD
Name of Person

Beechwood Psychiatry LLC
Firm/Company

3913 TAR KILN RD
Address

Jacksonville, FL
City/State and Zip Code

beechwoodpsychiatry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne R Yoder MD at (904) 706-437
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount: — done

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2019

SUZANNE R. YODER, MD
3913 TAR KILN ROAD
JACKSONVILLE, FL 32223

SUBJECT: BEECHWOOD PSYCHIATRY, LLC
Ref. Number: L19000204230

We have received your document for BEECHWOOD PSYCHIATRY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00024808

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**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: Beechwood Psychiatry LLC

2. (a) 3913 TARKIN RD Jacksonville (b) Same
Principal office address of limited liability company: 71a32223 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 8/2019 Date of filing/registration in Florida 4. _____ Document number

5. (a) Fred Kent III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 Riverplace Blvd Ste 800
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32223

(b) Suzanne R. Yoder MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3913 TARKIN RD
NEW Registered Office Address:

Jacksonville, FL 32223

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TALLAHASSEE, FLORIDA

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.

Suzanne R Yoder MD
Signature of a member or authorized representative of a member

Suzanne R Yoder MD
Printed or typed name of signer

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.

Suzanne R Yoder MD
Signature of Registered Agent