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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: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 16, 2020

Order#: 326474/020

Re: INTREPID DETOX RESIDENTIAL 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:Carissa Koetitz 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

20 PPLIB APPLIES

## 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.

I. Na	ame of the limited liability company:INTREPID DETC	X RE	SID	ENTIAL L	LC
2. (a)	1120 48TH STREET		(b)_	1120 48T	H STREET
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b></b> '	(0)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MANGONIA PARK, FL 33407	_	- ! -	MANGON	IIA PARK, FL 33407
	08/15/2019		L	19000208	842
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	CORPORATE CREATIONS NETWORK INC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 801 US HIGHWAY 1  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ept. of State	:: 
	NORTH PALM BEACH, FL	33408			
	Corporation Service Company				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	<u>ıddr</u>	<u>'ess</u> :	
	1201 Hays Street				<b>元</b> (2)
	NEW Registered Office Address:				-
	Tallahassee , FL	32301			_
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of f the li limited	red com mite I lia	office and pany, it is ed liability bility com	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
/s/ John Pakel Signature of a member or authorized representative of a member				Pakei, Au	thorized Person  Printed or typed name of signee
I here provisithe obtained to mer notifie	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	a <i>rtari</i>	21/322	ice of my o	acity. I further agree to comply with the duties, and I am familiar with and accep
	ire of Registered Agent Kirby, Asst. Vice President of Corporation Service Company Division of Corporations • P.O. E		27●	Tallahas	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)