

120000100388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

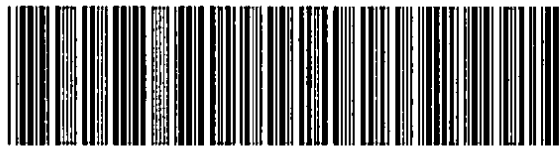
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY HILLS BEHAVIORAL HEALTH, 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:

Monica Quarantotto

Name of Person

Wolfe Pincavage, LLP

Firm/Company

7800 SW 57th Ave, Suite 217

Address

Miami, FL 33143

City/State and Zip Code

becky@wolfepincavage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Quarantotto

at (786) 409-0805

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:

☒ \$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.

1. Name of the limited liability company: HARMONY HILLS BEHAVIORAL HEALTH, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
18121 BOYS RANCH ROAD
ALTOONA, FL 32702

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. BOX 6703
Delray Beach, FL 33482

04/09/2020

1.20000100388

3. Date of filing/registration in Florida

4. Document number

5. (a) Wolfe Pincavage, LLP

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2937 SW 27th Ave.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 302

Miami, FL 33133

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7800 SW 57th Ave.

NEW Registered Office Address:

Suite 217

Miami, FL 33143

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.

Ben Winikoff

Signature of a member or authorized representative of a member

Ben Winikoff

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.

Rebecca Hargrave
Signature of Registered Agent

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

INHS18 (2/14)

2021 DEC -6 PM 4:01
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TALLAHASSEE, FL

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