

121 0000 56896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700378803107

01/07/22--01010--003 **25.00

FILED
2022 JAN -7 AM 8:10

C. BRUMBLEY

JAN 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations

The Sylvia Brafman Mental Health Treatment Center, LLC

SUBJECT: _____
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:

Van Jones

Name of Person

The Sylvia Brafman Mental Health Treatment Center LLC

Firm/Company

1225 E. River Dr.

Address

Margate, Fl. 33063

City/State and Zip Code

van.jones@sylviaabraham.com

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

For further information concerning this matter, please call:

Van Jones

254

805-0177

at ()

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.

The Sylvia Brafman Mental Health Treatment Center, LLC

1. Name of the limited liability company: _____
7710 NW 71st Court, Suite 101
2. (a) Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS)
Tamarac, FL _____
33321 _____
- (b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)
Tamarac, FL _____
33321 _____
- 02-01-2021 _____ L21000056896

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Brafman, Ben

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12716 NW 67th Drive, Parkland, FL 33076
Tamarac _____ 33321 _____
_____, FL _____

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Brafman, Ben
- NEW Registered Office Address:
7710 NW 71st Court, Suite 101
Tamarac _____ 33321 _____
_____, FL _____

FILED
2022 JAN -7 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Van Jones _____
Signature of a member or authorized representative of a member 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.

Van Jones _____
Signature of Registered Agent