

1/15/25, 9:43 AM

Division of Corporations

L22000129729

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000017914 3)))



H250000179143ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (323)372-3532

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2025 JAN 15 PM 2:18
TALLAHASSEE, FLORIDA

FILED

RECEIVED
2025 JAN 15 PM 2:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
PRIDE MENTAL HEALTH CARE, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 16 2025

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H25000017914 3)))

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: PRIDE MENTAL HEALTH CARE, PLLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3606 Enterprise Avenue,

Naples, FL, 34104

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3606 Enterprise Avenue,

Naples, FL, 34104

03/15/2022

L22000129729

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:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

LEGALINC CORPORATE SERVICES INC.

NEW Registered Office Address:

476 Riverside Ave.

Jacksonville, FL 32202

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.

Nicole Millich APRN
Signature of a member or authorized representative of a member

Nicole Millich

Printed or typed name of signed

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.

A. For

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2025 JAN 15 PM 2:48
TALLAHASSEE, FL 32314