## N108000000 939

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320-358

Re: OCALA BEHAVIORAL HEALTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.	Na	me of the limited liability company: OCALA BEHAVI	ORAL H	EALTH, LLC
2	(a)	3130 SW 27th Avenue	_ (b)	) 367 S Gulph Road
υ.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Ocala FL 34471	_	King of Prussia, PA 19406
		02/27/2008		M08000000939
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
J.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>
				17
		Plantation , FL_	33324	
	<i>(</i> 1.)	Corneration Service Company		i i i i i i i i i i i i i i i i i i i
	(b) Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered O			ice address:
				7 2
		1201 Hays Street		2 ~
		NEW Registered Office Address:		<del></del>
		Tallahassee , FL	32301	
th ag with	e cha gent v as/we e arti Signat	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the law under the amember of a member of a member of a member of a member of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have	the regist bility con the limi imited li Jill C	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.  Cilmi, Authorized Person  Printed or typed name of signee  In this capacity. I further agree to comply with the
no	tified	t in writing of this change.	<i></i>	
S	<u>しし</u> ignatu	ne of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Asst. Vice President

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