1109000002393

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

Office Use Only



700220920207



DEPARTMENT OF STAJE

J. BRYAN

MAR - 2 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 111816 7872592

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 28, 2012

ORDER TIME : 4:14 PM

ORDER NO. : 111816-006

CUSTOMER NO: 7872592

· CHANGE OF AGENT

NAME: DEER OAKS EAP SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: DEER OAKS	EAP SERVICES, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 126 E. Main Plaza, Suite 8 San Antonio, TX 78205
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
06/23/2009	M09000002393
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:
Registered Agent:	Corpdirect Agents, Inc.
Registered Office Address:	515 East Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
f the limited liability company is not organized under the hat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the catereby confirmed that the change(s) was/were authorized hisbility company or as otherwise provided in the articles of imited liability company. Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Maureen Cathell, Authorized Person Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the proming familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to soper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in Writing of this change.

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

(Signature of Registeres Agent Sylvia Queppet, Asst. VP