M12000002273

(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



400324908114

SECRE LARY OF STATE SECRE LARY OF STATE

ÖWSLAVOT TO FATERA TALLASUSSO FLORIDA

T.G.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 651813 _ 7980186

٠.٠

AUTHORIZATION : Spulle Reas

COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2019

ORDER TIME : 2:17 PM

ORDER NO. : 651813-005

CUSTOMER NO: 7980186

CHANGE OF AGENT

NAME: RECOVERY VILLAGE AT UMATILLA,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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.

l.	Name of the limited liability company: RECOVERY VILLAGE AT UMATILLA. LLC					
2. ((a)		_ (b			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	address of limited liability company: : MAY BE POST OFFICE BOX)	
		100 SE 3RD AVENUE, STE 1800	100 SE 3RD AVENUE, STE 1800 FORT LAUDERDALE, FL 33394			
		FORT LAUDERDALE FL 33394				
		4/24/2012		M12000002273		
3.		Date of filing/registration in Florida	4,	Docu	ment number	
5.	(a)	Greenspoon Marder, P.A.				
		Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State:		
		200 E. Broward Boulevard Suite 1800				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
					201 SF	
		FT. LAUDERDALE FL	33301		APF P 2019 MAR SECRET SECRET	
(b)					
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			AN 8: OF ST/ EFFLO	
		1201 Hays Street			25 5	
		NEW Registered Office Address:			-	
		Tallahassee, FL_	32301			
the agei was	cha: nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co: Tthe limi	ered office and the npany, it is hereb ted liability comp	he business office of the registered by confirmed that the change(s) pany or as otherwise provided in	
/s/ Mitchell Eisenberg Mitchell Eisenberg, Manager						
	-	are of a member or authorized representative of a member			d or typed name of signee	
prov the o to m	visio obli iere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha In writing of this change.	rerforma	nce of my duties.	and Lam familiar with and accent	
		Kulania Dani	4	Roxanne Turne st. Vice Preside		