

M12000004381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

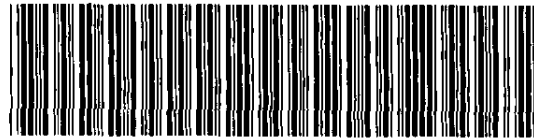
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13 MAR 14 PM 2:29

FILED
2013 MAR 14 AM 9:42
TALLAHASSEE, FL 32302

SAULSDERRY
EXAMINER

MAR 15 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 569591 4724048

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 13, 2013

ORDER TIME : 11:01 AM

ORDER NO. : 569591-035

CUSTOMER NO: 4724048

CHANGE OF AGENT

NAME: THE TREATMENT HELPLINE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 MAR 14 AM 9:42

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: The Treatment Helpline LLC

2. (a) Principal office address of limited liability company: 7444 LONG AVENUE
(Note: **MUST BE STREET ADDRESS**) SKOKIE, IL 60077

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

08/03/2012

3. Date of filing/registration in Florida

M12000004381

4. Document number

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

Registered Agent:

VCORP SERVICES, LLC

Registered Office Address:

5011 SOUTH STATE ROAD 7, SUITE 106
DAVIE FL 33314

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

NEW Registered Agent:

Corporation Service Company

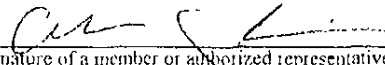
NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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.


Signature of a member or authorized representative of a member

Adam J. Schreiber, 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 608, 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.

BY: 
Signature of Registered Agent Corporation Service Company

Sue G. Knight
Assistant Vice President

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

FILING FEE: \$25.00