M13000004827

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
" (Duning Fakku Nama)					
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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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#: 463314-184

Re: CORAL SHORES 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: CORAL SHORE	S BEHA	VIORAL HEA	ALTH, LLC		
2	(a)	2834 Remington Green Circle	(b)	2834 Rer	mington Green Circle		
٠.	(a)	Principal office address of limited liability company:	(0)		ailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		Suite 201		Suite 201			
		T-11-1-1-1-1		T-U-b	- 51 22200		
		Tallahassee, FL 32308	_	<u> ralianasse</u>	e, FL 32308		
		08/02/2013	_	M13000004	1827		
3.		Date of filing/registration in Florida	4.	D	Occument number		
5.	(a)	C T Corporation System					
٠.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:			
		1200 South Bine Island Road					
1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	10						
)> (1)		
		Plantation , FL	33324				
					المسيسين الشارية		
	(b)	Corporation Service Company			U -		
Enter name of NEW Registered Agent and/or NEW Registered Office address:				D D: 00			
					TE 09		
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee , FL	32301				
1.0	41 1	in the distriction and a second a second and	ıa aftha	State of Eloni	ide it is hereby sonfirmed that after		
th	e cha	imited liability company is not organized under the law ange or changes are made, the Florida street address of	the regis	tered office a	and the business office of the registered		
ag	ent v	will be identical. Or, in the case of a Florida limited lia	bility co	mpany, it is l	hereby confirmed that the change(s)		
w th	as/wi	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	limited li	ability comp	eany.		
		Xie & GOME		ilmi, Authoria			
	Signa	ture of a member or authorized representative of a member	0111 C		Printed or typed name of signee		
I	here	by ascept the appointment as registered agent and agre	ee to act	in this capac	city. I further agree to comply with the		
pi	ovisi e obi	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	performa I for in C	ince of my di Thapter 605.	ities, and I am familiar with and accept F.S. Or, if this document is being filed		
lo no	mer otifie	ely reflect a change in the registered office address, I h d in writing of this change.	iéreby co	nfirm that th	e limited liability company has been		
		hace toknow					
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President							

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