## 1914000000538

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/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



200294889292

01/30/17--01028--020 \*\*25.00



D. SCOTT JAN 31 2017



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#: 463320-366

Re: PALM COAST 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: PALM COAST BI	EHAVIO	RAL HEAL	TH, LLC
2	(a)	367 South Gulph Road	(b)	367 S G	Sulph Road
	(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)
		King of Prussia PA 19406	<b>-</b>	King of P	russia, PA 19406
		01/28/2014		M1400000	00538
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
	` `	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		Plantation, FL_	33324		
(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office ad				maeg:	
		Effet frame of NEW Registered Agent and/of NEW Registered O	ince aqu	<u>ress</u> .	宝器 皇 四
		1201 Hays Street		•	30 1
		NEW Registered Office Address:			FILED M 2.6
		Tallahassee FL	32301		
the ag	e cha ent v as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the S he regist pility cou	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_	D	Jel E. Wane	Jill C	ilmi, Author	rized Person
I i pr the to	herel ovisi e obl mere tified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons 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 he in writing of this change.	e to act erforma for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu		BY: Gr	ace E. Kir	by, Asst. Vice President