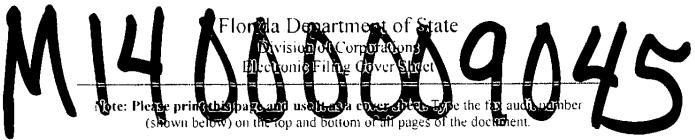
3/10/2021

Division of Corporations



(((H210000981883)))



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE RECOVERY FIRST OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

MAR 11 2021

M. SCLOMON

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Help

$_{\rm q}$ 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. N	ame of the limited liability company: RECOVERY	FIRST OF FLC	RIDA, LLC	
2. (a)				
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lie (Note; MAYBE POST O	ability company:
	200 Powell Place	200 Pov	vell Place	
	Brentwood, TN 37027	Brentwood, TN 37027		
	08/04/2014	M14000009045		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	REGISTERED AGENT SOLUTIONS, INC			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate	
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)		202
	155 OFFICE PLAZA DR., SUITE A			=
	TALLAHASSEE, FL	32301	<u></u>	2021 HAR TO
	C T Corporation System			
(6)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			R 10 M12:1
	NEW Registered Office Address		 •	
	1200 South Pine Island Road			
	Plantation FL	33324		
the ch agent was w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, in it the limited liability of limited liability of	ice and the business offic it is hereby confirmed that lity company or as otherw ompany	e of the registered title change(s)
<u></u>	lettilk VOIIV	Christine Kelr	n - authorized person	
	nuite of a member or authorized representative of a member		Printed or typed name of si	
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d'in writing of this change. CT Corporation System	ree to act in this c performance of n d for in Chapter C hereby confirm th	apacity. I further agree to w duties, and I am familio 505, F.S. Or, if this docun at the limited liability con	comply with the with and accept aent is being filed apany has been
	ire of Registered Agent Peter Trawinski - Assistant Sec	cretary		