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## LLC REGISTERED AGENT CHANGE INFINITY BEHAVIORAL HEALTH SERVICES, LLC

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## 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.	Nε	me of the limited liability company: Infinity Behaviora	Health	Serv	ices, LLC			
2	(a)	4620 N. State Road 7 Second Floor	()	b)	620 N. Stat	e Road 7 Second Floor		
•	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ '.	·/		illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Lauderdale Lakes, FL 33319		Lauderdale Lakes, FL 33319				
		1/30/2015	_	M150000000		14		
3.		Date of filing/registration in Florida	4.		D	Occument number		
5.	(a)	Corporation Service Company						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of 1201 HAYS STREET			ot. of State:	من سع برج دنده پروح		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	2301  Office address:				
		TALLAHASSEE, , FL	32301					
	(b)	C T Corporation System						
		Enter name of NEW Registered Agent and/or NEW Registered 6	Office nd	ldress	<u>\$</u> :	11 april 2		
		NEW Registered Office Address:						
		1200 South Pine Island Road						
		Plantation , FL	33324		<del></del>			
the ag wa the	e cha ent v is/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co f the lin	istero omp nited	ed office a any, it is h I liability o	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in		
		Chris McCrory ture of a member or authorized representative of a member	Chr	is M	сСгогу			
						rinted or typed name of signee		
the to no	ovisi e obl mere tified	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 ely reflect a change in the registered office address, I had in writing of this change.  CT Corporation System	perjorm Lfor in l ereby c	ianci Chaj ionfi	e of my du pter 605, I rm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been		
Si	gnatu	re of Registered Agent						