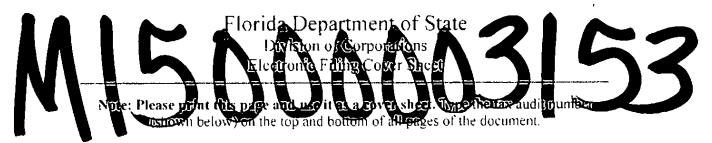
3/10/2021

Division of Corporations



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Phone : (614)280-3338 : (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.

Email Address:_

LLC REGISTERED AGENT CHANGE RIVER OAKS TREATMENT CENTER, LLC

Certificate of Status	0		
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MAR 11 2021

M. SCIOTOR

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Help

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

i. Na	ame of the limited liability company: RIVER OAKS	TREATMEN	CENTER, LLC	
2. (a)				
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiz (Note: MAYBE POST O	ibility company:
	200 Powell Place	200 P	200 Powell Place	
	Brentwood, TN 37027	Brentwood, TN 37027		
	08/04/2014	M15000003153		
3.	Date of filing/registration in Florida	4.	Document number	
	REGISTERED AGENT SOLUTIONS, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida D e pt o	of State.	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	····	202)
	155 OFFICE PLAZA DR., SUITE A			
	TALLAHASSEE	32301		2021 HAR TO
	C.T. Corporation System			7H 12:
	Enter name of NEW Registered Agent and/or NEW Registered	Office address		2: -8
	NEW Registered Office Address	-1-4-M-1-1-		
	1200 South Pine Island Road			
	Plantatron, F1.	33324		
the cha agent was w the art	limited 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 cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability company of the limited to limited liability	office and the business offic y, it is hereby confirmed that ability company or as otherw	e of the registered t the change(s)
Sign	dure of a member or authorized representative of a member		Printed or typed name of s	ignee
I here provis the ob- to mer notifie By	hy accept the appointment as registered agent and agricins of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, It din writing of this change. CT Corporation System Peter Trawnski - Assistant Society of Registered Agent Peter Trawnski - Assistant Society of Registered Agent Peter Trawnski - Assistant Society of Registered Agent		s capacity. I further agree to if my duties, and I am familio or 605, F.S. Or, if this docum that the limited liability com) comply with the ir with and accept tent is being filed tpany has been