M15000008834				
(Address) (Address)	800304674458			
(City/State/Zip/Phone #) (City/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	ort 20 200 AARAS			

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Vocational Development Group, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Rager

Name of Person

Behavior Development Group

Firm/Company

3990 Sheridan St #209

Address

Hollywood, FL 33021

City/State and Zip Code

info@behaviordg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiel Rager	954 329-2675 x700		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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٠, 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 \int_{1}^{1} Florida.

I. Na	me of the limited liability company:	evelopment Grou	эр, LLC
2. (a)	Behavior Development Group	(b) Behavi	or Development Group
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	333 Las Olas Way CU1	333 Las	s Olas Way CU1
	Fort Lauderdale, FL 33301	Fort Lai	uderdale, FL 33301
	11/03/2015	M15000	008834
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents, Inc.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 3030 N Rocky Point Dr. Ste 150A	<u>4DDRESS)</u>	
	Tampa .FL	33607	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	NEW Registered Office Address:	····	-
	3990 Sheridan St #209		_
	Hollywood	33021	_
the cha agent w was/we	imited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	`the registered offic ability company, it of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Kiel Rager	
-	ure of a member or authorized tentesentative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I fin writing of this change.	performance of my d for in Chapter 60	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Signatu	re of Registeren Agent		

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