

2/7/2017

MN 00000761

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000035903 3)))



H170000359033ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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 AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH FLORIDA BEHAVIORAL HEALTH, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

FEB 08 2017

S. YOUNG

RECEIVED

2017 FEB -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 8:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Behavioral Health, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann K. Rich

Name of Person

Waller Lansden Dortch & Davis LLP

Firm/Company

511 Union Street, Suite 2700

Address

Nashville, TN 37219

City/State and Zip Code

ann.rich@wallerlaw.com

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

For further information concerning this matter, please call:

Ann K. Rich

at (615)

850-8745

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 8:01

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: South Florida Behavioral Health, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000000761

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/26/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Next Generation Behavioral Health, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 8:01

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Christopher L. Howard

Typed or printed name of signer

Filing Fee: \$25.00

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB - 7 AM 8:31

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOUTH FLORIDA
BEHAVIORAL HEALTH, LLC", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "NEXT GENERATION BEHAVIORAL HEALTH, LLC" ON
THE SIXTH DAY OF FEBRUARY, A.D. 2017, AT 11:50 O'CLOCK A.M.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 8:01



6293925 8320
SR# 20170690027

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201992882
Date: 02-06-17