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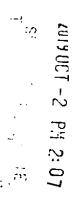
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Decume A Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 18, 2019

Order#: 898703-034

Re: PROMISES BEHAVIORAL HEALTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie THOMAS

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office OUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO1 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

Name of the limited liability company: PROMISES BEHAVIORAL HEALTH, LLC				AL HEALTH, LLC
2	(a)	5000 Airport Plaza Drive	(b)	5000 Airport Plaza Drive
-	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE B)
		Suite 100	<del></del>	Suite 100
		Long Beach, CA 90815		Long Beach, CA 90815
		04/22/2019		M19000004048
3.		Date of filing/registration in Florida	<del></del> 4.	Document number
5.	(a)	VCORP SERVICES, LLC		
٥.	(4)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:
		5011 S STATE RD 7		
		Registered Office Address (MUST BE FLORIDA STREET	<del> </del>	
		STE 106		
		DAVIEF	L 33314	70
				2019 DCT
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	lress:
		1201 Hays Street		
		NEW Registered Office Address:		
				<u>-</u> 
				<del></del> ;
		Tallahassee F	լ 32301	
the ago wa	e cha ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability col of the limi	tered office and the business office of the r mpany, it is hereby confirmed that the char ted liability company or as otherwise prov-
		Lie E agni	Jill C	ilmi, Authorized Person
5	Signat	ure of a meryberlor authorized representative of a member		Printed or typed name of signee
pro the to	ovișie e obli mere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide to reflect a change in the registered office address. It in writing of this change.	gree to act e performa ed for in C I hereby co	in this capacity. I further agree to comply ince of my duties, and I am familiar with ar hapter 605, F.S. Or, if this document is be nfirm that the limited liability company ha.
Si	gnatur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby, Asst. Vice President