2/1/2021

Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone 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:	<u></u>		
FIII COTT	~~~, ~ ~ ~ ~ ~ .			

LLC REGISTERED AGENT CHANGE APPLIED BEHAVIORAL STRATEGIES, LLC

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FEB - 2 2021

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.	Na	me of the limited liability company: Applied Behavioral	l Strateg	gies, LLC			
_,	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,	,i	Mailing address of limited lit (Note: MAY BE POST O	ibility cor	npany:
		5910 POST BLVD UNIT 110434		P.O. BOX	3957		
		BRADENTON, FL 34211	-	WOODBR	RIDGE, CT 06525		
		07/09/2020		N120000006	5961		
3.		Date of filing/registration in Florida	4.		Document number	• •	· · ·
5.	(0)	CORPORATE CREATIONS INTERNATIONAL INC.					
٠,٠	(a)	Registered Agent and Registered Office shown on the records of th	ne Florida	a Dept. of Stat	- te: - K	2021 FEB -	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						<u> </u>	"
		801 US HWY 1			工	8	rozmer. Financia
		N PALM BEACH , FL	33408		AHASSEE		i ITI
	(h)	C T Corporation System				AM 8:40	O
		Enter name of NEW Registered Agent and/or NEW Registered (JIIICE NO	oress:	ــــــــــــــــــــــــــــــــــــــ	•	
		NEW Registered Office Address:					
		1200 South Pine Island Road		<u>-</u>	_		
		Plantation FL_	33324		_		
th ag	e cha ent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of inization or the operating agreement of the l	the regi bility co I the lin	stered offic ompany, it i nited liabilit	e and the business offic is hereby confirmed tha ty company or as othery	e of the t the cha	registered inge(s)
		ome Mee	Jero	ome Mee		 	-
	១នេយ	nure of a member or authorized representative of a member			Printed or typed name of s	-	
pr th to	ovis e ob mer otifie	hy accept the appointment as registered agent and agree tons of all statutes relative to the proper and complete p ligations 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	ee to ac perform I for in ereby c	t in this cap lance of my Chapter 60, confirm that	oacity, I further agree to duties, and I am famili 5, F.S. Or, if this docur the limited liability cor	o compl ar with a nent is t npany h	y with the and accept reing filed as been
-8	gnati	re of Registered Agent					