M21000004613

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/31/2025		
Name:	Ovidshel Occean Jr.	•	
Reference	2630464	-	
		DA BEHAVIORAL HEALTH HOSPITAL COMPANY, LLC	
☐ Arti	cles of Incorporation/Authorization	to Transact Business	
☐ Am	endment		
✓ Cha	ange of Agent		
☐ Rei	instatement		
Cor	nversion		2025
□ Ме	rger	HAN AN	2025 JAN 3
☐ Dis	solution/Withdrawal	HASSEE, FLORID	_
☐ Fict	titious Name	FLOR	AM II: 20
☐ Oth	ner	<u> </u>	20
Authorized			
Signature:	J. Buen Ju.		

+44 (0)20.3961.3080

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. N	ame of the limited liability company:	WEST PALM BEAG	CH FLORIDA BEHAVIORAL HEALTH HOSPITAL COMPANY, LLC
2. (a)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>No</u>) Change
	April 16, 2021		M21000004613
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Corporate Creations Network Inc.		
J. (u	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State;
	801 US HWY 1		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	NORTH PALM BEACH , FI	33408	
(b)		<u>-</u>	SECRETARY
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	: AAA Z
	115 North Calhoun St., Suite 4		en e
	NEW Registered Office Address:		AHII: 20 DE STATE DE LORIO/
	Tallahassee _{FI}	_L 32301	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited ly were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	nws of the Stat of the registere iability compa of the limited e limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	Madelyn Macarthur	Mad	delyn Macarthur
I here provis the ob to men notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and age sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, lead in writing of this change. The Mayville	gree to act in ti e performance ed for in Chap I hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed em that the limited liability company has been
	un of Designand Agent		

Tim Mayville , As

1,