## M23000000050

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





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TALLAHASSEE, FLORIDA & ALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 914523 8415872					
AUTHORIZATION: Special comments					
COST LIMIT : \$ 25'.00					
ORDER DATE : August 1, 2023					
ORDER TIME : 9:21 AM					
ORDER NO. : 914523-009					
CUSTOMER NO: 8415872					
<u>CHANGE OF AGENT</u>					
NAME: CCS INTERVENTION OPERATIONS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

## 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	ame of the limited liability company: CCS INTER	RVENTION OPER	ATIONS, LLC
2. (a)	4321 Collington Road	(b)	
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)
	Attn: Legal Department		
	Bowie, MD 20716		
	01/03/2023	M230	00000050
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
2. (u)	Registered Agent and Registered Office shown on the record 1200 South Pine Island Road	ls of the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	PIL 2023 AUG 17
	Plantation	, FL_33324	Je 17
<b>/L</b> \			me a m
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address:	M 9: 54  BEFLORID
	Corporation Service Company		M 9: 54 FLORIDA
	NEW Registered Office Address:		
	1201 Hays Street		_ <del></del>
	Tallahassee,	FL_32301	
change agent w was/we he artic	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the film in the case.	the registered offications of the liability company is of the limited liability the limited liability.	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	gnature of a member or authorized representative of a member		Authorized Person  Printed or typed name of signee
l hereb provision he obli o mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi by reflect a change in the registered office address, I in writing of this change.	efe performance of ided for in Chapte I hereby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
(	Cer, M Lei	Corporation Se	ervice Company
Signatur	e of Registered Agent	Ami M. Casper	, Asst. Vice President