

M24 00000 6161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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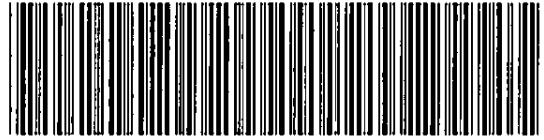
(Business Entity Name)

(Document Number)

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2024 JUN 12 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOFFORD I DETOX LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL BROUGHTON
Name of Person

FLORIDA HEALTHCARE LAW FIRM
Firm/Company

151 NW 1st Avenue
Address

Delray Beach, FL 33444
City/State and Zip Code

laurie@spoffordenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL BROUGHTON 561 455-7700
Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

**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. Name of the limited liability company: SPOFFORD 1 DETOX LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2901 BROADWAY

WEST PALM BEACH, FL 33407

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2901 BROADWAY

WEST PALM BEACH, FL 33407

5/14/2024

M24000006161

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CAPITOL CORPORATE SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

FLORIDA HEALTHCARE LAW FIRM

NEW Registered Office Address:

151 NW 1st Avenue

Delray Beach, FL 33444

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SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rachel Broughton
Signature of a member or authorized representative of a member

RACHEL BROUGHTON

Printed or typed name of signee

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.

Rachel Broughton
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00