

ND5000010136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

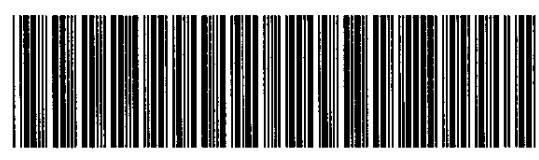
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / R O / C H S

JUN 23 2016

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Evaluation and Treatment Center Financing Corporation
Name of Corporation

DOCUMENT NUMBER: N05000010136

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marta Prado

Name of Contact Person

Correct Care, LLC

Firm/Company

800 Fairway Drive, Suite 490

Address

Deerfield Beach, FL 33441

City/State and Zip Code

MPrado@correctcaresolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta Prado

Name of Contact Person

at (954) 354-8779
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: South Florida Evaluation and Treatment Center Financing Corporation

2. The principal office address: 800 Fairway Drive, Suite 490
Deerfield Beach, Florida, 33441

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/1/2005 Document number: N05000010136

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Tripp Scott, P.A.

110 Southeast 6th Street, 15th Floor

Fort Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Correct Care, LLC - Attn: Marta Prado

800 Fairway Drive, Suite 490

P.O. Box NOT acceptable

Deerfield Beach, FL 33441

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Manny Fernandez, Chairman and President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

May 20, 2016

Date

If signing on behalf of an entity:

MARTA PRADO

Typed or Printed Name

*** FILING FEE: \$35.00 ***