Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000682153)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

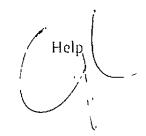
**Enter the email address for this business entity to be used for fyture 9. annual report mailings. Enter only one email address please.

Address:						
	Address:	Address:	Address:	Address:	Address:	Address:

REGISTERED AGENT CHANGE GOODMAN MENTAL HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	inge is submitted for a corpoi	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, th vation organized under the laws of the State of <mark>Florida</mark> ice or registered agent, or both, in the State of Florida.	nis 		
1. The name of	he corporation: Goodman Me	antal Health. Inc.			
2. The principal	office address:				
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: 03/20/	20 Document number; N20000003255			
	I street address of the current tment of State: (If resigned, o	registered agent and registered office on file with the inter resigned)			
	LEGALCORP SOLUTIONS, L	rc			
	3440 W HOLLYWOOD BLVO	. SUITE 415 25.	2024 FEB 20		
	HOLLYWOOD, FL 33021	는	8 83.		
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and/or registered office	20 AH 9: 06		
	Northwest Registered Agent L	.LC PA	9: 0		
	7901 4th St N STE 300	· ·	or .		
	P.O. Box NOT acceptable				
	St. Petersburg FL 33702				
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registere	d agent,		
Such change wa authorized by th	is authorized by resolution due board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.			
Ronna	Goodman	Ronna Goodman Printed or typed name and title			
I further agree a of my duties, an document is bei	to comply with the provision	ed agent and agree to act in this capacity, is of all statutes relative to the proper and complete perfectly the obligation of my position as registered agent. Change in the registered office address, I hereby confirm this change.	ormance Or, if this that the		
TIN-		2-20-2024			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Taylor Newman					
T	yped or Printed Name				