N40700

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Mental Health Community Ceners. In Name of Corporation	ne
DOCUMENT NUMBER: N40700	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Steven Klindt Name of Contact Person	
Name of Contact Person	
Mental Health Community Centers, In.	
t n till example.	
240B South Tuttle Ave Address	
Sarasota FL 34237 City/State and Zip Code	
sklindt@mheci.com	
E-mail address: (to be used for future annua	if report notification)
For further information concerning this matter,	please call:
Steven Klindt	941 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (⁹⁴¹)807-5751 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

II signing on b	chalf of an entity:	
	gnature of Registered Ageni	17aic
_	M Superior Annu	June 9, 2021 Date
I further agrée of my duties, a document is be	to comply with the provisions of a	eent and agree to act in this capacity. Ill statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this is in the registered office address. Thereby confirm that the thange.
- Signal	ure of an officer of director	Steven Klindt, Presidient Proméd of typéd náme and title 100 100 100 100 100 100 100 100 100 10
	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
		street address of the business office of its registered agent,
	Sarasota FL 34237	TO DOC ANT ACCIDIDA
	240B South Tuttle Ave	P.O. Box, NO Facceptable
	Klindt, Steven	
6. The name an (if changed):	-	ed agent (if changed) and /or registered office
	Sarasota F1, 34237	
	240B South Tuttle Ave	
	Norris, Arin Kelli (Ragi	que E)
5. The name an Florida Depa	rtment of State: (If resigned, enter)	
4. Date of incor	poration/qualification: 11/05/1990	Document number: N40700
3. The mailing	address (if different):	
2. The principa Sarasaota FL 34	office address: 240B South Tuttle	Ave
1. The name of	the corporation: Mental Health Co	ommunity Centers, Inc.
		organized under the laws of the State of Florida registered agent, or both, in the State of Florida.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)