

P03000142646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

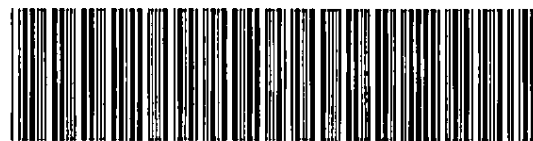
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RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baytree Behavioral Health
Name of Corporation

DOCUMENT NUMBER: P03000142646

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:

Joseph Walden

Name of Contact Person

Baytree Behavioral Health

Firm/Company

1370 BEDford Drive

Address

Melbourne, FL 32940

City/State and Zip Code

jpw07@my.fsu.edu,

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

For further information concerning this matter, please call:

Joseph Walden

Name of Contact Person

at (813) 613 4412

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

JOSEPH WALDEN
BAYTREE BEHAVIORAL HEALTH PA
1370 BEDFORD DRIVE
MELBOURNE, FL 32940

SUBJECT: BAYTREE BEHAVIORAL HEALTH PA
Ref. Number: P03000142646

We have received your document for BAYTREE BEHAVIORAL HEALTH PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 922A00024922

RECEIVED

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Baytree Behavioral Health
2. The principal office address: 1370 Bedford Drive Suite 106
Melbourne FL 32940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/2003 Document number: PO3000142646

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)

Mr. Scott Fairchild
8195 Bedford Way
Melbourne FL 32940

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

Joseph Walden
1370 Bedford Drive Suite 106
Melbourne FL 32940
P.O. Box NOT acceptable

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]
Signature of an officer or director

Joseph Walden Owner
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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]
Signature of Registered Agent

07/20/2002
Date

If signing on behalf of an entity:

Joseph Walden
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)