

PO6000051571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

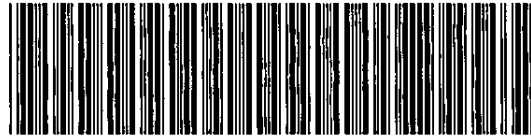
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/07/13--01013--001 \*\*35.00

13 NOV -7 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
NOV 12 2013  
EXAMINER

**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: Recovery Institute of South Florida, Inc.
2. The principal office address: 1080 SE 3rd Ave., 1st Floor  
Fort Lauderdale, FL 33316
3. The mailing address (if different): P.O. Box 290430  
Davie, FL 33329
4. Date of incorporation/qualification: 04/04/2006 Document number: P06000051571
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) \_\_\_\_\_

Bruce A. Goodman, Esq.

2900 E. Oakland Park Blvd., Third Floor

Fort Lauderdale, FL 33306

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

Bruce A. Goodman, Esq.

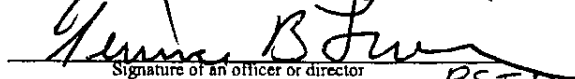
2101 W. Commercial Blvd., Suite 2800

P.O. Box NOT acceptable

Fort Lauderdale, FL 33309

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

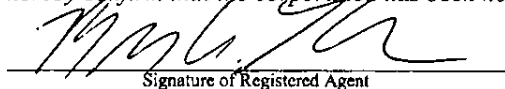
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Terrence Livorsi, PSTD

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

11/5/13  
Date

If signing on behalf of an entity:

Bruce A. Goodman

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 (03/12)

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