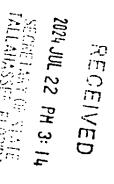
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Special Instructions to Filing Officer
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 555387 8456386						
AUTHORIZATION : The later of th						
COST LIMIT : \$ 35.0						
ORDER DATE : July 17, 2024						
ORDER TIME : 2:51 PM						
ORDER NO. : 555387-004						
CUSTOMER NO: 8456386						
CHANGE OF AGENT						
NAME: POSITIVE BEHAVIOR SUPPORTS CORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt EXT#						

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.056 ange is submitted for a corporation orga er to change its registered office or regis	nized under the law	s of the Stat	te of FL		
 The name of The principal 	the corporation: POSITIVE BEHAVIOR office address: 7108 S KANNER HWY	SUPPORTS CORI Stuart, FL 34997	PORATION			
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 07/20/2006 Document number: P06000095454						
	d street address of the current registered artment of State: (If resigned, enter resign		d office on f	ile with the	e	
	NOLAN, MICHAEL E, Dr.				~	
	7108 S KANNER HWY				2024 JUL 22	11
	Stuart	FL	34997	<u>.</u>	€ 2	el a mag.
6. The name and (if changed):	d street address of the new registered age Corporation Service Company	ent (if changed) and	/or register	ed office	2 111 9:32	
	1201 Hays Street			11;	10	
		ox NOT acceptable				
	Tallahassee	FL	32301			
The street addreas changed will	ess of its registered office and the street be identical.	address of the bus	siness office	of its reg	istered	agent.
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of dotified in writing o	irectors or b	y an offic e.	er so	
/S/ Michael Nolan		Michael Nolan		CE	ΕΟ	
Signature of an officer or director		Printe	d or typed name	e and tille		
I further agrée of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stan and I am familiar with and accept the ob- ing filed merely to reflect a change in the s been notified in writing of this change n Service Company	tutes relative to the ligation of my posi he registered office	his capacity proper and tion as regi address, I	: d complete stered age hereby co	? perfoi int. Or nfirm th	mance if this rat the
	ro tokuble	07/17/2024	Davis			
-	nature of Registered Agont		Date			
ii signing on be	chalf of an entity:					
	BY, ASST, VICE PRESIDENT vped or Printed Name					
'	••	PP. 615 00 + + +				
	* * * FILING FI	にに: シンシ・リリ " " " "				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
555387-4