## P06441

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Codification of Order				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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04/08/05--01010--025 \*\*35.00

RA. Clarge C. Coulliste APR 1 5 2005

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

	-	2, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
_		d under the laws of the State of Delaware	in order
to change its re	zistered office or registered age	nt, or both, in the State of Florida.	
1. The name of	the corporation: Premier Beh	avioral Solutions, Inc.	
2. The principal	office address: 113 Seaborad	Lane, Suite C100, Franklin, TN 37067	
3. The mailing a	address (if different):		·
4. Date of incor	poration/qualification: 6/14/85	Document number: P06441	
	d street address of the current re rtment of State:	gistered agent and registered office on file with the	<b></b>
	Corporation Service Compa	ny	
	1201 Hays Street		APR
	Tallahassee, FL 32301-252	25	R-8
6. The name and street address of the new reg (if changed):		stered agent (if changed) and /or registered office	0° 31.4 Fig. 1.5
	NRAI Services, Inc.		्रेल <b>ब</b> -
	2731 Executive Park Driv	ve, Suite 4	
	(P.O. Box	s or personal mailbox NOT acceptable)	<del>-</del>
	Weston, FL 33331		<u> </u>
The street addr changed will be	ess of its registered office and e identical.	the street address of the business office of its registr	ered agent, as
Such change w the board, or th	as authorized by resolution du e corporation has been notifie	ly adopted by its board of directors or by an officer d in writing of the change.	so authorized by
	apple	JACK POLSON, VP	
	Signature of an officer or director)	Printed or typed name and	
being filed mer been notified i <u>r</u>	n juminar with tind accept the ely to reflect a change in the r i writing of this change.	d agent and agree to act in this capacity. of all statutes relative to the proper and complete p obligation of my position as registered agent. Or, a egistered office address, I hereby confirm that the c	erformance of my if this document is orporation has
NRAI Services	A Nan And	4/7/20	_
-178	(Signature of Registered Agent)	(Date)	
If signing on bo	ehalf of an entity:	<u></u>	
Maggie Ferdi		Asst Secy	•
	(Typed or Printed Name)	(Capacity)	

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