

PO8000074665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

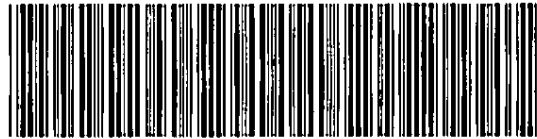
(Business Entity Name)

(Document Number)

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2021 JAN 25 PM 6:42

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crossroads Recovery Center, Inc
Name of Corporation

DOCUMENT NUMBER: P08000074665

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:

Andrea C. West

Name of Contact Person

Crossroads Recovery Center

Firm/Company

1570 Lakeview Drive Suite 2

Address

Sebring, FL 33870

City/State and Zip Code

Crossroadstx87@gmail.com

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

For further information concerning this matter, please call:

Andrea C. West

Name of Contact Person

at (863) 207-4788

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

**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: Crossroads Recovery Center, Inc
2. The principal office address: 1570 Lakeview Drive Sebring, FL 33870 Suite 2

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 08/08/2008 Document number: P08000074665

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)

Andrea C. West
320 N. Ridgewood Drive
Sebring, FL 33870

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

Andrea C. West
3436 Ellington Avenue
Sebring, FL 33870

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.

Andrea C. West
Signature of an officer or director

Andrea C. West / Director
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.

Andrea C. West
Signature of Registered Agent

12/07/2020
Date

If signing on behalf of an entity:

Andrea C. West / Director
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)

2021 JAN 25 PM 6:42