

P10 000003648

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

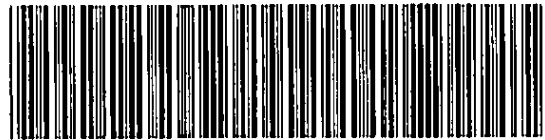
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DEC 19 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3rd Step Recovery Group, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P10000003648

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:

Maria Freeman

Name of Contact Person

3rd Step Recovery Group, Inc

Firm/Company

PO Box 14303

Address

Ft Lauderdale, FL 33302

City/State and Zip Code

mfreeman@thirdsteprecovery.com

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

For further information concerning this matter, please call:

Maria Freeman

Name of Contact Person

at ( 954 ) 534-2220

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: 3rd Step Recovery Group, Inc
2. The principal office address: 3400 NW 9 Avenue (Powerline Rd), Suite A  
Oakland Park, FL 33309
3. The mailing address (if different): PO Box 14303  
Ft Lauderdale, FL 33302
4. Date of incorporation/qualification: 1/11/2010 Document number: P10000003648
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)

Maria Freeman

4055 N. Andrews Avenue

Oakland Park, FL 33309

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

Maria Freeman

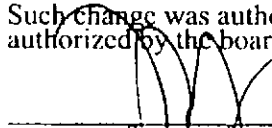
5079 N. Dixie Hwy, #323

P.O. Box NOT acceptable

Oakland Park, FL 33334

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

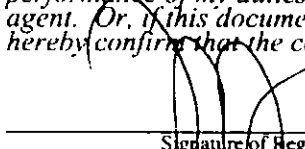
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Maria Freeman, President

\_\_\_\_\_  
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

10/24/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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