

PI2000070650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

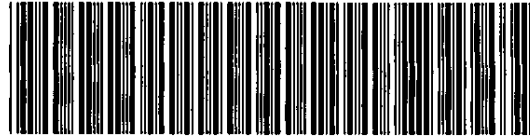
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

14 DEC - 8 PM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 2014
T. LEMIEUX

**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: Florida Behavioral Center, Inc
2. The principal office address: 3900 NW 79 AVE, Suite 820
Doral, FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/15/12 Document number: P12000070650
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)

Michael Ruiz
3900 NW 79 St, Ste 518
Doral, FL 33166

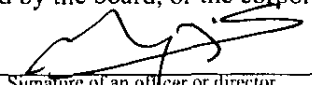
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Ruiz
3900 NW 79 AVE, Suite 820
P.O. Box NOT acceptable
Doral, FL 33166

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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.

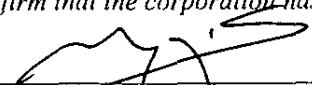


Signature of an officer or director

Michael Ruiz Vice-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

12/3/14

Date

If signing on behalf of an entity:

Typed or Printed Name

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Behavioral Center, Inc
Name of Corporation

DOCUMENT NUMBER: P12000070650

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:

Jackie Guzman
Name of Contact Person

Florida Behavioral Center, Inc
Firm/Company

3900 NW 79 AVE, Suite 820
Address

Doral, FL 33166
City/State and Zip Code

floridabehavioralcenter@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Guzman at (786) 378-2696
Name of Contact Person 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