

P14000027496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

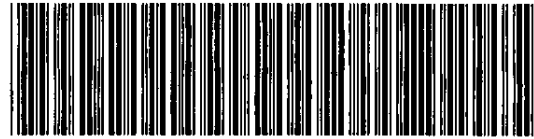
(Business Entity Name)

(Document Number)

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JUL 18 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tranquility Behavioral Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000027496

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:

Christina Benson

Name of Contact Person

Tranquility Behavioral Solutions, Inc.

Firm/Company

2014 Edgewater Dr

Address

Orlando, FL 32804

City/State and Zip Code

tranquilitybehavioralsolutions@gmail.com

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

For further information concerning this matter, please call:

Christina Benson

Name of Contact Person

at (919) 599-7171

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 ^{17 JUL 2014 PM 4:41} in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tranquility Behavioral Solutions, Inc.
2. The principal office address: 314 S. Parramore Ave
Orlando, FL 32805
3. The mailing address (if different): 1818 MLK Jr Blvd, Suite 170
Chapel Hill, NC 27514
4. Date of incorporation/qualification: March 26, 2014 Document number: P14000027496
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)

Byrdie Blizzard

2014 Edgewater Dr

Orlando, FL 32804

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

Kenyatta Lyons

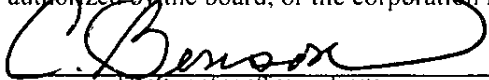
2014 Edgewater Dr

P.O. Box NOT acceptable

Orlando, FL 32804

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

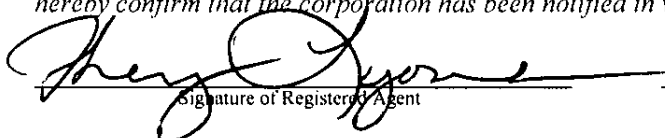
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Christina Benson, CEO

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

June 18, 2014

Date

If signing on behalf of an entity:

Typed or Printed Name

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