## P1600013112

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 555387 8456386				
AUTHORIZATION :				
COST LIMIT : \$ 35.0	2021			
ORDER DATE : July 17, 2024	#3 			
ORDER TIME : 11:18 AM	(A)			
ORDER NO. : 555387-048	.; ∶:			
CUSTOMER NO: 8456386	39			
CHANGE OF AGENT				
NAME: POSITIVE BEHAVIOR SUPPORTS HOLDING CORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt EXT#				

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

statement of ch	ange is submitted for a corporation (	7.0502, 607,1508, or 617,1508, Florida Sta organized under the laws of the State of <mark>FL</mark> registered agent, or both, in the State of Flor		<u> </u>
		OR SUPPORTS HOLDING CORPORATION		
2. The principa	l office address: 7108 S KANNER H	WY Stuart, FL 34997		
<del></del>				
_	address (if different):			~-
4. Date of incor	rporation/qualification: 02/09/2016	Document number: P16000013	3112	
	id street address of the current register artment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the	
	NOLAN, MICHAEL E			
	7108 S KANNER HWY			207
	Stuart	FL 34997		. E =
6. The name and street address of the new registered agent (if changed) and /or registered offi- (if changed): Corporation Service Company			13 P. 2:	
	1201 Hays Street			: 39
		O Box NOT acceptable		_
	Tallahassee	FL 32301		
The street addr	ress of its registered office and the s I be identical.	treet address of the business office of its re-	egistered	d agent.
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has be-	opted by its board of directors or by an oflen notified in writing of the change.	ficer so	
/S/ Michael	Nolan	Michael Nolan	CEO	
-	ure of an officer or director	Printed or typed name and title		
corporation na	t the appointment as registered age to comply with the provisions of al- nd I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change on Service Company	nt and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered a in the registered office address, I hereby o ange.	ete perfo gent, O Sonfirm	irmance r. if this thát the
By: Mac 1-Kubl Signature of Registered Agent		08/12/2024 Date		
	ehalf of an entity:	Dak		
	BY, ASST. VICE PRESIDENT			
	Typed or Printed Name			
	* * * FILIN	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 555387-48