## P16000059875

(Requestor's Name)				
(Address)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 555387 8456386				
AUTHORIZATION : ( )				
COST LIMIT : \$/35.0				
ORDER DATE : July 17, 2024				
ORDER TIME : 11:19 AM				
ORDER NO. : 555387-053				
CUSTOMER NO: 8456386				
CHANGE OF AGENT				
NAME: POSITIVE BEHAVIOR SUPPORTS USA, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt EXT#				

EXAMINER:

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

statement of cha	inge is submitted for a corporation	7.0302, 607.1308, or 617.1308, Florida State organized under the laws of the State of <u>FU</u> registered agent, or both, in the State of Flor	
	the corporation: POSITIVE BEHAV		
2. The principal	office address: 7108 S KANNER H	WY Stuart, FL 34997	
	200000		
•	iddress (if different):		
4. Date of incorp	poration/qualification: 07/18/2016	Document number: P16000059	)875 <del></del>
	f street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with $\mathfrak t$ esigned)	he
	UNITED STATES CORPORATION	ON AGENTS, INC.	202
	476 RIVERSIDE AVE.		2024 (113
	JACKSONVILLE	FL 32202	· ~~~
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	P., 2: 42
	Corporation Service Company		. 12
	1201 Hays Street		
	F	P.O. Box, NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the s be identical.	street address of the business office of its re	gistered agent.
Such change wa authorized by th	ns authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an offi en notified in writing of the change.	cer so
/S/ Michael Nolan		Michael Nolan C	CEO
I harahy accent	re of an officer or director. The approintment as revistored age	Printed or typed name and title and agree to act in this capacity.	
I further agree t of my duties, an document is bei corporation has	o comply with the provisions of all d I am familiar with and accept the street a change been notified in writing of this change a Service Company	I statute's relative to the proper and comple e obligation of my position as registered as in the registered office address, I hereby c	te performance yent. Or, if this onfirm that the
By: 🏸 🕰	nature of Registered Agent	08/12/2024 	
•		Pate	
	half of an entity:		
	BY, ASST. VICE PRESIDENT pped or Printed Name		
• •	•	G 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)