

P180000074692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

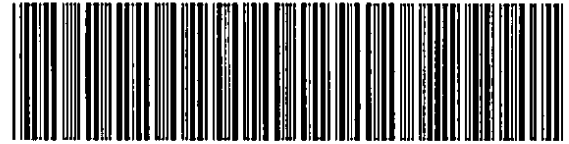
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2019 APR 23 PM 12:04
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2019

EVOLVE BEHAVIORAL HEALTH INC.
6067 HOLLYWOOD BLVD.
SUITE 335
HOLLYWOOD, FL 33024 US

SUBJECT: EVOLVE BEHAVIORAL HEALTH INC.
Ref. Number: P18000074692

It has been brought to the attention of the Department of State, Division of Corporations, that service of process cannot be served on ICAPITAL CASH SOUTH, INC. as registered agent for EVOLVE BEHAVIORAL HEALTH INC. at 6067 HOLLYWOOD BLVD SUITE 335 HOLLYWOOD, FL 33024. In accordance with Florida Statutes, every business entity shall keep the registered office open from 10:00 a.m. to 12:00 noon each day except Saturdays, Sundays, and legal holidays, and shall keep one or more registered agents on whom process may be served at the office during these hours.

Consider this letter as the Department of State's notice of intent to administratively dissolve/revoke EVOLVE BEHAVIORAL HEALTH INC., for failure to maintain a registered agent as required by section 607.1420, Florida Statutes. This business entity will be dissolved/revoked on or after May 28, 2019 unless an address change that complies with Florida Statutes, or indication that service can be properly served at 6067 HOLLYWOOD BLVD SUITE 335 HOLLYWOOD, FL 33024 is sent to my attention at the address below.

I am enclosing a "Statement of Change of Registered Office or Registered Agent" form to be completed and returned to my attention with the appropriate filing fee. If you have questions regarding this matter, feel free to contact this office at (850) 245-6051.

Stacy Prather, Regulatory Specialist III
Bureau of Commercial Recording
Division of Corporations

Letter No: 319A00006214

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Evolve Behavioral Health Inc.
Name of Corporation

DOCUMENT NUMBER: P18000074692

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:

Kristen Van Wie
Name of Contact Person

iCapital Cash South, Inc.
Firm/Company

1280 SW 36th Ave #208
Address

Pompano Beach, FL 33069
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Feldman


Name of Contact Person

at (917) 633-5594
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: Evolve Behavioral Health Inc.
2. The principal office address: 3331 East Riverside Drive, Fort Myers FL 33916
3. The mailing address (if different): 1280 SW 36th Ave #208, Pompano Beach, FL 33069
4. Date of incorporation/qualification: August 31, 2018 Document number: P18000074692
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)

ICapital Cash South, Inc.

6067 Hollywood Blvd.

Hollywood FL 33024

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

ICapital Cash South, Inc.

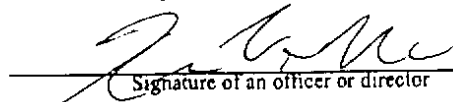
1280 SW 36th Ave #208

P.O. Box NOT acceptable

Pompano Beach, FL 33069

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

Kristen Van Wie

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

April 19, 2019

Date

If signing on behalf of an entity:

Kristen Van Wie

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