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(((H210001360863)))



H210001360863ABC.

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone : (323)962-3869 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **.

Ema	÷	٦	Address	
L ma	ı	T	Address	٠

REGISTERED AGENT CHANGE BEHAVIORAL HEALTH FIELD INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

SUBJECT:	HAVIORAL HEALTH FIELD INC.	
SUBJECT:	Name of Corporation	
DOCUMENT	P19000081379 NUMBER:	
The enclosed Sta	atement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	•
	CHEYENNE MOSELEY	
-	Name of Contact Person	
	LEGALZOOM.COM, INC.	
	Firm/Company	
•	101 N BRAND BLVD., 11TH FLOOR	
	Address	
	GLENDALE, CA 91203	
	City/State and Zip Code	
,	dak@ bhfield.com	
	E-mail address: (to be used for future annual report notification)	
•		
For further infor	mation concerning this matter, please call:	
CHEYENNE M	MOSELEY, LEGALZOOM.COM, INC. at (No.) 773-0888 ext 9724 Name of Contact Person Area Code & Daytime Telephone Numb	- er

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 Page: 4 of 4

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

	•	7.0502, 607.1508, or 617.1508, Florida	
_	=	rganized under the laws of the State of egistered agent, or both, in the State of I	
	the corporation: BEHAVIORAL HE.		
	4 COEO E ALIDEL DE		
• •	Toffice address: 16252 LAUREL OF FL 33326		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 10/17/2019	Document number: P19000	081379
5. The name an		red agent and registered office on file w	ith the
	MARTIN, DAK G		
•	16252 LAUREL DR 201		•
	WESTON, FL 33326		,
6. The name an (if changed):	-	agent (if changed) and for registered of	fice
	5575 S. Semoran Blvd. Suite 3	36	7:53
` .	P.O Box	NOT acceptable	<u> </u>
	Orlando, FL 32822		
The street addr	ress of its registered office and the still be identical.	treet address of the business office of it	s registered agent,
Such change wanthorized by	vas authorized by resolution duly ado the board, or the corporation has been	opted by its board of directors or by an in notified in writing of the change.	officer so
		Dak Gonzalez, Secretary	<u> </u>
I hereby accept further agree performance of agent. Or, if it	of my duties, and I am familiar with a	statutes relative to the proper and con and accept the obligation of my position preflect a change in the registered offic	nplete n as registered
	Om-	04:06/2021	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
CORPORATION AGEN		ES	
	Typed or Printed Name * * * FILING	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 (03/12)