

P20 0000 45745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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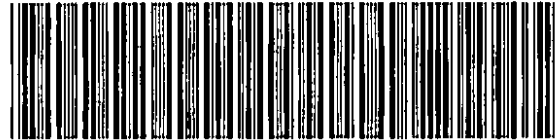
(Business Entity Name)

(Document Number)

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05/26/2021  
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2021 APR 19 PM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1st Behavior Therapy Group Inc  
Name of Corporation

**DOCUMENT NUMBER:** P20000045745

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:

YANEPHY Santos  
Name of Contact Person

1st Behavior Therapy Group Inc  
Firm/Company

4160 West 16 Ave #202  
Address

Hialeah FL 33012  
City/State and Zip Code

YANEPHY 71 @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANEPHY Santos at (305) 896-4251  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: 1st Behavior therapy group Inc
2. The principal office address: 4160 West 16 Ave #202  
Hialeah FL 33012
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/17/2020 Document number: P20000045745
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)  
YANBERSY Santos  
4160 West 16 Ave #209  
Hialeah FL 33012
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
YANBERSY Santos  
11333 SW 185th terra  
Miami FL 33157  
P.O. Box NOT acceptable

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.

Y. Santos  
Signature of an officer or director

YANBERSY Santos President  
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.

Y. Santos  
Signature of Registered Agent

4/13/2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

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SECRETARY OF  
STATE  
TALLAHASSEE, FL