BASFORD, JA	Address of Current Registered Agent:			
8824 NW 35 P				
8824 NW 35 P				
8824 NW 35 P GAINESVILLE The above name	LACE , FL 32606 US ed entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of I	
8824 NW 35 P GAINESVILLE The above name	LACE , FL 32606 US	ts registered office or regis	tered agent, or both, in the State of I	^{=lorida.} 03/07/2018
8824 NW 35 P GAINESVILLE The above name	LACE , FL 32606 US ed entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of I	
8824 NW 35 P GAINESVILLE The above name SIGNATUR	LACE , FL 32606 US ed entity submits this statement for the purpose of changing in E: JANAE BASFORD	ts registered office or regis	tered agent, or both, in the State of I	03/07/2018
8824 NW 35 P GAINESVILLE The above name SIGNATUR Officer/Dire	LACE , FL 32606 US ed entity submits this statement for the purpose of changing in E: JANAE BASFORD Electronic Signature of Registered Agent			03/07/2018
8824 NW 35 P GAINESVILLE The above name SIGNATUR Officer/Dire Title	LACE , FL 32606 US ed entity submits this statement for the purpose of changing in E: JANAE BASFORD Electronic Signature of Registered Agent ector Detail : PVTD	Title	MRS	03/07/2018
8824 NW 35 P GAINESVILLE The above name SIGNATUR Officer/Dire	LACE , FL 32606 US ed entity submits this statement for the purpose of changing in E: JANAE BASFORD Electronic Signature of Registered Agent			03/07/2018
8824 NW 35 P GAINESVILLE The above name SIGNATUR Officer/Dire Title	LACE , FL 32606 US ed entity submits this statement for the purpose of changing in E: JANAE BASFORD Electronic Signature of Registered Agent ector Detail : PVTD	Title	MRS	03/07/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANAE BASFORD

Electronic Signature of Signing Officer/Director Detail

OWNER

03/07/2018

DOCUMENT# P1600002936 Entity Name: SERENITY TRANSITION AND BEHAVIORAL, INC.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business

FILED Mar 07, 2018 **Secretary of State** CC2021797133

Date