

656100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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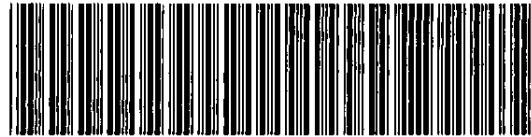
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TBROWN 8-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Enforcement Psychological Counseling + Associates,
Name of Corporation

Inc.

DOCUMENT NUMBER: 656100

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:

Dr. Brian Mangano
Name of Contact Person

Law Enforcement Psychological
Firm/Company
Counseling + Associates, Inc.
7925 NW 12TH Street, Suite 301
Address

Miami, FL 33126
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Brian Mangano at (305) 442-8800 x104
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
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: Law Enforcement Psychological And Counseling Associates, Inc.
2. The principal office address: 7925 N.W. 12TH St., Suite 301
Miami, FL 33126
3. The mailing address (if different): —
4. Date of incorporation/qualification: 2/18/1980 Document number: 656100

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)

Mark Axelberd
7925 NW 12TH Street, Suite 301
Miami, FL 33126

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

Dr. Brian Mangan
7925 NW 12TH Street, Suite 301
Miami, FL 33126

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.

[Signature]
Signature of an officer or director

BRIAN MANGAN 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.

[Signature]
Signature of Registered Agent

8/12/11
Date

If signing on behalf of an entity:

BRIAN MANGAN
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

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