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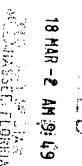
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
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## **COVER LETTER**

TO: Registration Section Division of Corporations							
The Brave Ones Therapy Cent	ter						
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this n	natter to the following:						
Shashi Persaud							
Name of Person							
The Brave Ones Therapy							
Firm/Company							
4100 Edgewater Dr							
Address							
Orlando, FL 32804							
City/State and Zip Code							
shamandy@thebraveonestherapy.com							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	ease call:						
Shashi Persaud	407 254-3275						
Name of Person	at () Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following an	nount:						
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: The Brav	e Ones T	he	rapy Cen	iter			
2.		4100 Edgewater Dr		(b) 4100 Edgewater Dr					
	(/	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	(-)		Mailing addre (Note: MA			lity company: FICE BOX)
		Orlando, FL 32804			Orlando	, FL 3280	4		
		9/30/15		l	_1500010	66282			
3.		Date of filing/registration in Florida	4.	_		Document	number	•	
5.	(a)	Amanda Persaud							
	\-·/	Registered Agent and Registered Office shown on the reco	rds of the Flo	rida	Dept. of Stat	e:			
		4016 Edgewater Dr					is the same	<del>1</del> 8	
		Registered Office Address (MUST BE FLORIDA STREET ADDRES.		ESS)		_		MAR -	1 (1) 2 (1) 2 (1)
		Orlando	_, <sub>FL</sub> 3280	04		_		AH	Comments
	(b)	Amanda Persaud				_		6. 6. 6.	*~ \$6.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office	add	ress:		5.	_	
		4100 Edgewater Dr							
		NEW Registered Office Address:				_			
		Orlando	_, <sub>FL</sub> 3280	04		<del>-</del>			
the age was the	cha nt v s/wc arti	mited liability company is not organized under the nge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization of the operating agreement of the operating agreement of the operation of	ess of the reted liability bers of the limite	egis / cor limi ed li	tered office mpany, it is ted liability ability con	e and the bus hereby company open many.  HASH Printed or to	usiness of onfirmed or as of PERS	office of that the herwise AUC	of the registered ne change(s) e provided in
pro the to i	visi obl nere	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pro ely reflect a change in the registered office addre I in writing of this change.	d agree to plete perfo ovided for i ess, I hereb	act rma in C y co	in this cap nce of my hapter 60: nfirm that	acity. I fur duties, and 5, F.S. Or, the limited	ther agr I am fai if this do liability	ee to c miliar ocumer comp	comply with the with and accept nt is being filed any has been

Signature of Registered Agent