

h21 000 295162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

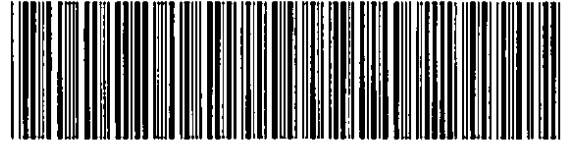
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600390851746

07/18/22--01011--012 **25.00

2022 JUL 18 PM 6:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A MOMENT OF CLARITY COUNSELING SERVICES, LLC
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 matter to the following:

Melissa Jones

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Jones

at (844)

493-6249)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2022 OCT 18 PM 5:13

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. Name of the limited liability company: A MOMENT OF CLARITY COUNSELING SERVICES, LLC

2. (a) 15501 BRUCE B. DOWNS BLVD

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

APT 2406 TAMPA, FL 33647

(b) 15501 BRUCE B. DOWNS BLVD

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

APT 2406 TAMPA, FL 33647

06/25/2021

3. Date of filing/registration in Florida

L21000295162

4. Document number

5. (a) Registered Agents Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 300

St. Petersburg, FL 33702

(b) ZenBusiness Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

336 E. College Ave.

NEW Registered Office Address:

Suite 301

Tallahassee, FL 32301

2022 JUN 18 PM 5:19

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Michael Morton

Michael Morton

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Handwritten Signature] Signature of Registered Agent