

P14000098295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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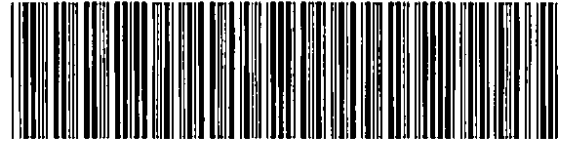
(Business Entity Name)

(Document Number)

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S. YOUNG

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: TM Psychology  
Name of Corporation

DOCUMENT NUMBER: P14000098295

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:

TARA ZUCKERMAN  
Name of Contact Person

TM Psychology  
Firm/Company

13655 Moss Agate Avenue  
Address

Delray Beach FL 33446  
City/State and Zip Code

drzuckerman@sfpq.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA ZUCKERMAN at ( 954 ) 406-1366  
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: TM Psychology  
2. The principal office address: 1501 NE 4th Avenue, Fort Lauderdale FL 33304

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/9/14 Document number: P14000098295

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)

Dr. Tara Zuckerman  
915 N.E. 20th Avenue, Suite B  
Fort Lauderdale, FL 33304

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

1501 N.E. 4th Avenue  
Fort Lauderdale, FL 33304  
P.O. Box NOT acceptable

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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

Tara Zuckerman  
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

August 10, 2018  
Date

If signing on behalf of an entity:

Tara Zuckerman  
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