

F2006660 1984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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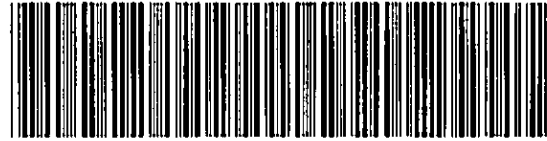
(Business Entity Name)

(Document Number)

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2023 JAN 17 PM 2:38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Speech Pathology PS Corporation
Name of Corporation

DOCUMENT NUMBER: F20000001984

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:

Channa Beckman

Name of Contact Person

Harbor Speech Pathology, PS Corporation

Firm/Company

238 Lafitte Cres

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

channab@mc.com

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

For further information concerning this matter, please call:

Channa Beckman

Name of Contact Person

at (253)

906-4000
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Harbor Speech Pathology, PS Corporation

2. The principal office address: 238 Lafitte Cres
Fort Walton Beach, FL 32547

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/23/2020 Document number: F20000001984

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)

Cassandra Cook

5202 Olympic Dr NW Suite 100

Gig Harbor WA 98335

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

Emme Beckman

238 Lafitte Cres

P.O. Box NOT acceptable

Fort Walton Beach, FL 32547

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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.

Channa Beckman
Signature of an officer or director

Channa Beckman
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.

Emme Beck
Signature of Registered Agent

01/03/2023
Date

If signing on behalf of an entity:

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
CR2F045 (04/13)