

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000083016

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** LIFE CHANGES HOLISTIC PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

2329 SUNSET POINT RD.  
SUITE 203  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

160 7TH AVE NORTH  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

P.O. BOX 63  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 20-3342400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRISSENDEN, BARBARA A  
2589 FOREST RUN COURT  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

BRISSENDEN, BARBARA A  
2268 CITRUS COURT  
CLEARWATER, FL 33763 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA A. BRISSENDEN

09/30/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: BRISSENDEN, BARBARA A  
Address: 2268 CITRUS COURT  
City-St-Zip: CLEARWATER, FL 33763 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BARBARA A. BRISSENDEN

MS.

09/30/2014

Electronic Signature of Authorized Person

Date