

LO60000002811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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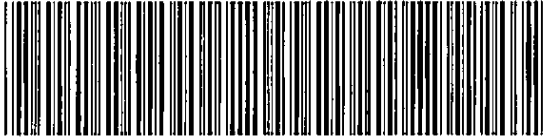
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIND WORKS PSYCHOTHERAPY, 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:

LISA A. SCHAUFLE  
Name of Person

MIND WORKS PSYCHOTHERAPY, LLC  
Firm/Company

7833 OTT WILLIAMS ROAD  
Address

CLERMONT, FLORIDA 34714  
City/State and Zip Code

lschaufler@centurylink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA A. SCHAUFLE at (352) 394-8612  
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 #2678
- \$55 Filing Fee & Certified Copy

**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: MIND WORKS PSYCHOTERAPY, LLC

2. (a) 7833 OTT WILLIAMS ROAD, CLERMONT, FL, 34714 (b) 7833 OTT WILLIAMS ROAD, CLERMONT, FL34714  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

JANUARY 9, 2006

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3.                          Date of filing/registration in Florida 4.                          Document number

5. (a) LISA A. SCHAUFLE  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
481E. HWY 50, SUITE 203, CLERMONT, FLORIDA 34711

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
 \_\_\_\_\_  
 \_\_\_\_\_, FL \_\_\_\_\_

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

(b) LISA A. SCHAUFLE  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Office Address:  
7833 OTT WILLIAMS ROAD  
 \_\_\_\_\_  
CLERMONT, FL 34714

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.

Lisa A. Schaufle  
 Signature of a member or authorized representative of a member

1-23-24  
 Printed or typed name of signee

*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.*

Lisa A. Schaufle  
 Signature of Registered Agent

1-23-24