

# LOG000094297

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
NOV 29 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal 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:

Colleen Boucher  
Name of Person

Coastal Counseling Services LLC  
Firm/Company

1442 Reunion Blvd  
Address

Reunion, FL 34747  
City/State and Zip Code

Colleen Boucher @ Centurylink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Boucher at ( 321 ) 848 5404  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**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: Coastal Counseling Services LLC

2. (a) 1442 Reunion Blvd (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Reunion, FL 34747

3. 9/26/2006 4. LO6000094297  
Date of filing/registration in Florida Document number

5. (a) Colleen Boucher M LCSW  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

OLD } 7065 Westpointe Blvd Suite 205  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32835  
\_\_\_\_\_, FL

(b) Same name  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW } 1442 Reunion Blvd  
Reunion, FL 34747  
\_\_\_\_\_, FL

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TALLAHASSEE, FLORIDA

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.

Colleen Boucher Colleen Boucher  
Signature of a member or authorized representative of a member 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.

Colleen Boucher 11/22/16  
Signature of Registered Agent