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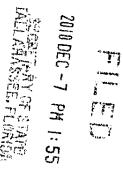
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J. SAULSBERRY EXAMINER DEC\_\_8 2010

## **COVER LETTER**

Division of Corporations		
	Heal Counseling Center, LLC	
Name o	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Elizabeth R Hollingsworth, I	LMHC	
Hope Can Heal Counseling Ce Firm/Company	enter, LLC 2010 DEC	
120 South Bumby, A	\$\$\frac{8}{8}\frac{1}{	
Address		
	FA -: 5	
Orlando, Florida 3280	<u>3</u>	
City/State and Zip Code		
ehollingsworthImhc@gmail E-mail address: (to be used for future annual repo	l.com ort notification)	
For further information concerning this m	eatter, please call:	
Elizabeth Hollingsworth, LMHC	at ( 407 ) 312-8295  Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
rananassee, moriua 32301		
Enclosed is a check for the follow	wing amount:	
\$25 Filing Fee	\$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 608.416 or 608.508, 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.

agoni, or oon, in the Etate of Florida.			
1. Name of the limited liability company: Hope C	an Heal Counseling Center, LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	120 South Bumby, Suite A Orlando, Florida 32803		
(b) Mailing address of limited liability company:	Martin and the state of the sta		
(Note: MAY BE POST OFFICE BOX)	120 South Bumby, Suite A Orlando, Florida 32803		
07/09/2008	L08000066525		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	John B Hollingsworth, JF 2		
Registered Office Address:	1875 Biscayne Drive Winter Park, FL 32789		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Craig M. Tregerman, Esqः पु		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tregerman Law Firm 1200 North Federal Highway, Suite 200 Boca Raton ,FL 33432		
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.  Signature of a member or authorized representative of a member			
Elizabeth R. Hollingsworth, LMHC Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of any familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00