

L080000709/4

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2009 SEP 29 PM 1:43

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGES 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:

ULLI HINRICHSEN, LCSW
Name of Person

CHANGES PSYCHOTHERAPY, LLC
Firm/Company

160 W. CAMINO REAL, # 126
Address

BOCA RATON, FL 33432
City/State and Zip Code

UHINRICH@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ULLI HINRICHSEN at (561) 703 2154
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: CHANGES PSYCHOTHERAPY, LLC
2. (a) Principal office address of limited liability company: 508 NE 5TH AVENUE, PLAZA 500

☐ (Note: **MUST BE STREET ADDRESS**)

DELRAY BEACH, FL 33483

(b) Mailing address of limited liability company: 160 W. CAMINO REAL, # 126

☐ (Note: **MAY BE POST OFFICE BOX**)

BOCA RATON, FL 33432

09/18/09
3. Date of filing/registration in Florida

L08000070914
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

ULLI HINRICHSSEN, LCSW

Registered Office Address:

FOUNTAIN SQUARE
72 NE FIFTH AVENUE
DELRAY BEACH, FL 33483

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

508 NE 5TH AVENUE, PLAZA 500
DELRAY BEACH, FL 33483

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.

Ulli Hinrichsen
Signature of a member or authorized representative of a member

ULLI HINRICHSSEN
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 608, 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.

Ulli Hinrichsen
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00