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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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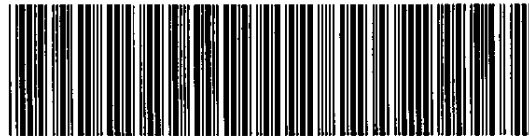
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Positive Change Counseling PLLC  
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:

Marcia T. Norman

Name of Person

Positive Change Counseling, PLLC

Firm/Company

~~1228 Arroyo Loop~~ 2101 Park Center Drive. Suite 270

Address

~~Celibration~~ Orlando, FL. 32835.

City/State and Zip Code

normans2go@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Norman

Name of Person

at ( 407 ) 760-6616

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

**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: Positive Change Counseling PLLC

2. (a) ☒ Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2101 Park Center Drive Suite 270  
Orlando, FL 32835

(b) ☒ Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Same

Not sure - 2009 - Legal Zoom filed for me.

3. Date of filing/registration in Florida

4. Document number

LO9000000400

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

Registered Agent:

Legal Zoom, Com.

Registered Office Address:

7083 Hollywood Blvd. Suite 180  
Hollywood, CA 90028-8902

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

**NEW** Registered Agent:

Marcia Norman Esq.

**NEW** Registered Office Address:

2101 Park Center Dr. Suite 270

(**MUST BE FLORIDA STREET ADDRESS**)

Orlando, FL 32835

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.

Marcia Norman Esq.  
Signature of a member or authorized representative of a member

Marcia Norman, Esq.  
Printed or typed name of signer

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.

Marcia Norman Esq.  
Signature of Registered Agent

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

FILED  
AUG 27 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA