

L09 0000089665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

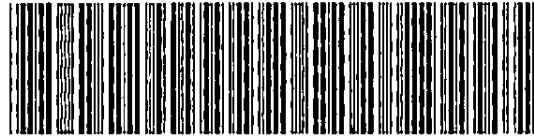
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300358113033

01/15/21--01012--003 **25.00

FEB 15 2021

2021 JAN 15 AM 11:37

Handwritten signature/initials

COVER LETTER

Registration Section
Division of Corporations

Clinically Speaking, LLC

SUBJECT: _____
Name of Limited Liability Company

Mr Sir or Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thel Lyon

Name of Person

Clinically Speaking

Firm/Company

1 Hickory Hill Ct. #325

Address

Tallahassee, FL 32303

City/State and Zip Code

@clinicallyspeaking.net

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

For further information concerning this matter, please call:

Thel Lyon

Name of Person

at (678)

463-6920

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

☐ \$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.*

Name of the limited liability company: Clinically Speaking, LLC

(a) _____ (b) _____

Principal office address of limited liability company:

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

3208 E. Colonial Dr.

Orlando, FL 32803

Mailing address of limited liability company:

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

3208 E. Colonial Dr.

Orlando, FL 32803

09/17/2009

Date of filing/registration in Florida

4.

L09000089665

Document number

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

Michael Janas

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

3208 E. Colonial Dr.

Orlando, FL 32803

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

Michael Lyon

NEW Registered Office Address:

14531 Hickory Hill Ct. #325

Ft. Myers, FL 33912

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
or changes are made, the Florida street address of the registered office and the business office of the registered
will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
are 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.

Michael Lyon
Signature of a member or authorized representative of a member

Michael Lyon
Printed or typed name of signer

*I 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 responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.*

Michael Lyon
Signature of Registered Agent