

L100000023293

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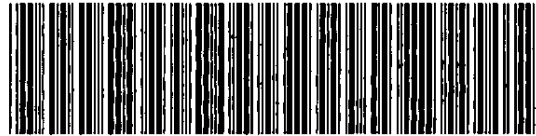
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MAY 10 2010

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Mental Health Training Institute  
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:

Dr. Denny Cecil Van Den Heuvel  
Name of Person

Advanced Mental Health Training Institute  
Firm/Company

3540 Forest Hill Blvd, Suite 112  
Address

West Palm Beach, FL 33406  
City/State and Zip Code

dennycecil@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Denny Cecil Van Den Heuvel at (561) 670-8187  
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 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: Advanced Mental Health Training Institute

2. (a) Principal office address of limited liability company: 3540 Forest Hill Blvd  
Suite 203  
West Palm Beach, FL 33406

☒ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 3540 Forest Hill Blvd  
Suite 203  
West Palm Beach, FL 33406

☒ (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 3/1/2010

4. Document number L10000023293

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

Registered Agent:

Cecil Van Den Heuvel, Denny

Registered Office Address:

3540 Forest Hill Blvd  
Suite 203  
West Palm Beach, FL 33406

(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)**

3540 Forest Hill Blvd  
Suite 112  
West Palm Beach, FL 33406

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]  
Signature of a member or authorized representative of a member

Dr. Denny Cecil-Van Den Heuvel  
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.

[Signature]  
Signature of Registered Agent

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

**Advanced Mental Health Training Institute, LLC**

3540 Forest Hill Blvd, Ste 112  
West Palm Beach, FL 33406

May 2, 2010

To Whom It May Concern:

Unfortunately, when we submitted our original application the suite we had planned to secure was no longer available and we needed to change Suite numbers. In the interim, we never received our Articles of Incorporation and would need you to submit them to us at the above address as well as change our address to reflect the appropriate suite number, documented above.

I appreciate your help with this request. If you have any questions please feel free to call me at 561-670-8187.

Sincerely,



Dr. Denny Cecil-Van Den Heuvel  
Registered Agent of Advanced Mental Health Training Institute, LLC

**FILED**  
2010 MAY -5 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA