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TO:	Registration Section Division of Corporations		
	·		
SUB	SUBJECT: Daniel Callahan, PhD, PLLC		
	Name of L	imited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Pleas	se return all correspondence concerning	this matter to the following:	
	Daniel Callahan	·	
	Name of Person		
	Daniel Callahan, PhD, PLLC		
***************************************	. Firm/Company		
	8515 Baymeadows Way, Suite	302	
	Address		
	Jacksonville, FL 32256		
	City/State and Zip Code		
	cymbrogi@gmail.com E-mail address: (to be used for future annual report no		
	E-mail address: (to be used for future annual report no	otification)	
For f	urther information concerning this matte	er, please call:	
	Daniel Callahan	at (904) 240.2157	
	Name of Person	at (904) 240.215/ Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations P.O. Box 6327	
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	Talianassee, Florida 32314	
	•		
	Enclosed is a check for the followin	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO:

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:	Daniel Callahan, PhD, PLLC	
2. (a) Principal office address of limited liability comp	eany: 8515 Baymeadows Way	
(Note: MUST BE STREET ADDRESS)	Suite 302 Jacksonville, FL 32256	
(b) Mailing address of limited liability company:	same	
(Note: MAY BE POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
April 6, 2010	L10000037090	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	United States Corporation Agents, Inc.	
Registered Office Address:	13302 Winding Oaks Blvd.	
	Suite A-100 Tampa, FL 33612 US	
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:	
NEW Registered Agent:	Daniel Callahan	
NEW Registered Office Address:	8515 Baymeadows Way	
(MUST BE FLORIDA STREET ADDRESS)	Suite 302	
	Jacksonville ,FL32256	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as office of the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.	
Signature of a member or authorized representative of a member	TA I	
Doniel Collebon, DhD, LMUIC		
Daniel Callahan, PhD, LMHC Printed or typed name of signee	PATE 5	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compositions of Registers Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	