

**L110000012656**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

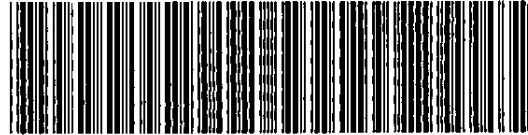
Special Instructions to Filing Officer:

**L. SELLERS**

JUL 18 2011

**EXAMINER**

Office Use Only



**800208937748**

06/16/11--01016--010 \*\*35.00

**FILED**  
14 JUL 12 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Ellis Group Vocational Evaluation And Mental Health Counseling, LLC  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Ellis  
Name of Contact Person

THE ELLIS GROUP VOCATIONAL EVALUATION & MENTAL HEALTH COUNSELING, LLC.  
Firm/Company

135 16th Avenue NE  
Address

St. Petersburg, FL 33704  
City/State and Zip Code

a.ellis.m@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Ellis at (813) 956-3802  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2011

ADAM ELLIS  
135 16TH AVENUE NE  
ST. PETERSBURG, FL 33704

SUBJECT: THE ELLIS GROUP VOCATIONAL EVALUATION AND MENTAL  
HEALTH COUNSELING, LLC  
Ref. Number: L11000012656

We have received your document for THE ELLIS GROUP VOCATIONAL  
EVALUATION AND MENTAL HEALTH COUNSELING, LLC and your check(s)  
totaling \$35.00. However, the enclosed document has not been filed and is being  
returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED  
LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 711A00014949

**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: THE ELLIS GROUP VOCATIONAL EVALUATION AND MENTAL HEALTH COUNSELING, LLC

2. (a) Principal office address of limited liability company: 135 16<sup>th</sup> AVE NE

(Note: MUST BE STREET ADDRESS)

ST. PETERSBURG, FL 33704

(b) Mailing address of limited liability company:

135 16<sup>th</sup> AVE NE

(Note: MAY BE POST OFFICE BOX)

ST. PETERSBURG, FL 33704

3. Date of filing/registration in Florida

1/31/11

4. Document number

L11000012656

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1261 HAYS STREET  
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

ADAM ELLIS

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

135 16<sup>th</sup> AVE NE  
ST. PETERSBURG, FL 33704

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 of a member or authorized representative of a member

ADAM ELLIS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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 of Registered Agent

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