

L11000061227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

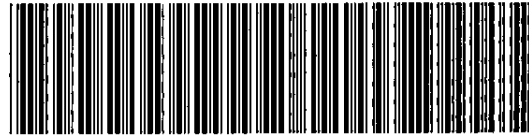
(Document Number)

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11 SEP -9 PM 2:03

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Step by Step Therapy Services, LLC
Name of Corporation

DOCUMENT NUMBER: L11000069 227

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:

Samantha Sabel

Name of Contact Person

Step by Step Therapy Services, LLC

Firm/Company

7875 SW 99 St

Address

Miami, FL 33156

City/State and Zip Code

samsabel99@yahoo.com

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

For further information concerning this matter, please call:

Samantha Sabel

Name of Contact Person

at (786) 303-1979

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

August 12, 2011

SAMANTHA SABEL
7875 SW 99 STREET
MIAMI, FL 33156

SUBJECT: STEP BY STEP THERAPY SERVICES, LLC
Ref. Number: L11000069227

We have received your document for STEP BY STEP THERAPY SERVICES, 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).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 611A00018998

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: Step by Step Therapy, LLC
2. (a) Principal office address of limited liability company: 7875 SW 99 St

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

Miami, FL 33150

- (b) Mailing address of limited liability company:

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

Same as above.

3. Date of filing/registration in Florida 8/26/11

4. Document number L11000069227.

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

Registered Agent:

SLPA, INC

Registered Office Address:

201 NE 1st Ave

Delray Beach, FL 33444

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

NEW Registered Agent:

Samantha Sabel (President)

NEW Registered Office Address:

7875 SW 99 St

(**MUST BE FLORIDA STREET ADDRESS**)

Miami, FL 33150

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.

Samantha Sabel
Signature of a member or authorized representative of a member

Samantha Sabel
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.

Samantha Sabel
Signature of Registered Agent

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