

L12000017393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

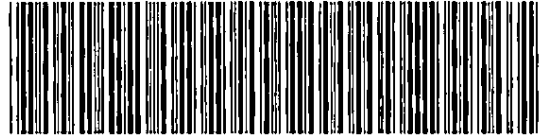
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200321197922

11/29/18--01011--025 **25.00

DEC 04 2018
S. YOUNG
FILED
18 NOV 29 PM 6:52
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrea Vargas LMHC PL

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:

Andrea Vargas

Name of Person

Andrea Vargas, LMHC, PL

Firm/Company

3675 San Simeon Circle

Address

Weston, FL 33331

City/State and Zip Code

andreavargaslmhc@gmail.com

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

For further information concerning this matter, please call:

Andrea Vargas

at (305) 338-3537

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

FILED
18 NOV 29 PM 6:52
SECOND FLA. CLERK OF COURT
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: Andrea Vargas LMHC, PL

2. (a) Andrea Vargas, LMHC, PL (b) Andrea Vargas, LMHC, PL

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2625 Weston Road

Weston, FL 33331

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2625 Weston Road

Weston, FL 33331

02/06/2012

L12000017393

3. Date of filing/registration in Florida

4. Document number

5. (a) Andrea Vargas

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

Andrea Vargas, LMHC, PL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2863 Executive Park Drive 106

Weston, FL 33331

(b) Andrea Vargas

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

Andrea Vargas, LMHC, PL

NEW Registered Office Address:

2625 Weston Road

Weston, FL 33331

FILED
18 NOV 29 PM 6:52
TALLAHASSEE, FLORIDA

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.

Andrea Vargas
Signature of a member or authorized representative of a member

Andreae Vargas

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 605, 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.

Andrea Vargas
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00