

LIZ 0000 80585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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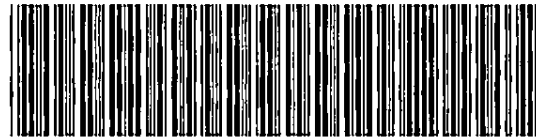
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2021

SUSAN BARRETO  
PO BOX 1273  
SAN ANTONIO, FL 33576

SUBJECT: CONFIDENTIAL COUNSELING LLC  
Ref. Number: L12000080585

We have received your document for CONFIDENTIAL 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. 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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 521A00004223

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Confidential Counseling LLC  
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:

Susan Barreto  
Name of Person

Confidential Counseling LLC  
Firm/Company

15874 Lake Lola Rd  
Address

Dade City FL 33523  
City/State and Zip Code

sbarr05@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Corradini at ( 352 ) 588-2393  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Confidential Counseling LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

6536 Stadium Dr  
Zephyrhills FL 33540

PO Box 1273  
San Antonio FL 33576

3. 6-18-12 4. L12000080585  
Date of filing/registration in Florida Document number

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

12620 Curley Rd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
San Antonio F 33576  
San Antonio, FL 33576

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

15874 Lake Lola Rd  
NEW Registered Office Address:

Dade City, FL 33523

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]  
Signed by a member or authorized representative of a member

Frank Corradini  
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.*

Susan Barreto  
Signature of Registered Agent