

L12000081670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

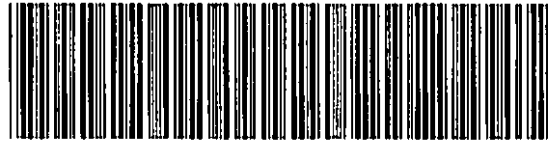
(Business Entity Name)

(Document Number)

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2022 AUG 26 AM 10:22

2022 AUG 26 AM 10:22
STATE OF ARIZONA
DEPARTMENT OF REVENUE

6/2/2022 11/11/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Psychological Services, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pauline Hightower
Name of Person

Coral Psychological Services, PLLC
Firm/Company

2303 NW 14 Lane
Address

Cape Coral, Florida 33993
City/State and Zip Code

Phight4877@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline Hightower at (239) 645-1847
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

Coral Psychological Services, PLLC

Coral Psychological Services, LLC

N/A

NIA

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: **N/A**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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2022 AUG 26 10:22 AM
STATE OF ALABAMA
DEPARTMENT OF REVENUE
RECEIVED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2022 AUG 26 AM 10:22
LEWIS & CLARK
CLARK COUNTY

E. Effective date, if other than the date of filing: 08/23/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/23 2022

At 8/11/11

Pauline Hightower

Typed or printed name of signee

Filing Fee: \$25.00

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing from a PLLC to a LLC


E. Effective date, if other than the date of filing: 08/23/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/23/2022


Signature of a member or authorized representative of a member

Pauline Hightower

Typed or printed name of signee

Filing Fee: \$25.00