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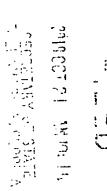
(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SHERYL WELTON, KSW	N LLC e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
SHERYL WELTON Name of Person	 	
_ SITERYL WELTON, LCSW_ LLC Firm/Company	<u>, </u>	
4630 LIPSCOMB ST. SLITE Address	12-	
PALM BAY, FL 32905 City/State and Zip Code		
E-mail address: (to be used for future annu	nal report notification)	
For further information concerning this matter,	please call:	
SHERYL WELTON	at (321) 600-0696	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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. Na	me of the limited liability company:SHERYL_W	IELTON,	·LCSW	LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _		LIPSCOMB ST. SWITE / 2 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PALM BAY, FLORIDA	_	PALM	BAY, FL
	32905		32905	
	2/25/2013	·	L13	0000 28479
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGAL ZOOM/U.S. CORPRATION AGENT Registered Agent and Registered Office shown on the records of the	•		- ::
	13302 WINDING OAK COURT Registered Office Address (MUST BE FLORIDA STREET A	DDBECC)		
	SUITE A.	<u>DDKESS)</u>		THE PROPERTY OF THE PARTY OF TH
	TAMPA, FL 336/2 ,FL			
(b)	SHERYL WELTON			はきっ
,	Enter name of NEW Registered Agent and/or NEW Registered (Office addre	<u>ess</u> :	
	4630 LIPSOOMB ST. SUITE 12			.** -
	NEW Registered Office Address:	-2-18-2		
	PARM BAY FL	37905	<u></u>	-
the cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com f the limite	red office pany, it is ed liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
ļ	Smyle Hon, JCSW ture of a member or authorized representative of a member	SHEI	RYL A	Printed or typed name of signee
I herel provision the obli- to mere notifies	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ze to act in performan I for in Chi ereby conj	this cape ce of my e apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

SANULTON Signature of Registered Agent

S. 1