

L13000040662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

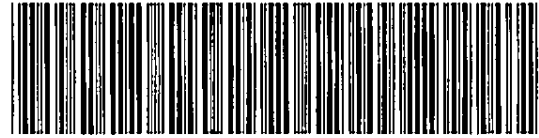
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



900305013419

10/31/17--01003--023 **25.00

FILED
17 OCT 30 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 OCT 30 AM 8:20

TALLAHASSEE, FLORIDA

Office Use Only

Ted B. Cunliffe, PhD, LLC

Licensed Psychologist

FL License #PY 6979

223 East Flagler Street • Suite 216
Miami, FL 33131

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

October 25, 2017

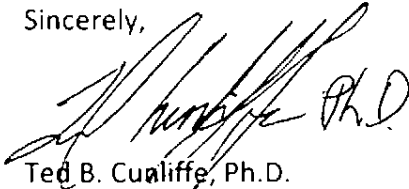
RE: Addition of an Authorized Person or Agent to Ted B. Cunliffe, Ph.D. LLC

To Whom It May Concern:

I have filled out the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company form and enclosed a check in the amount of \$25.00. We would like to add Ms. Ilany Valle Chang as an Authorized Agent for the Ted B. Cunliffe, Ph.D. However, Ted B. Cunliffe, Ph.D. will remain the primary manager and operator of the company.

Thank you for your attention to this matter and if there are questions regarding the documentation provided, please don't hesitate to contact me.

Sincerely,



Ted B. Cunliffe, Ph.D.
Licensed Psychologist
Manager
Ted B. Cunliffe, Ph.D.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ted B. Cunliffe, Ph.D. 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:

Edward (Ted) B. Cunliffe, Ph.D.

Name of Person

Ted B. Cunliffe, Ph.D. LLC

Firm/Company

223 East Flagler Street, Suite 216

Address

Miami, FL 33131

City/State and Zip Code

tedcunliffe@dunelm.ac.uk

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

For further information concerning this matter, please call:

Ted Cunliffe

305

484-0832

at ()

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

**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: Ted B. Cunliffe, Ph.D.
2. (a) 223 East Flagler Street
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 216
Miami, FL 33131
- (b) 223 East Flagler Street
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 216
Miami, FL 33131
3. March 18, 2013 Date of filing/registration in Florida
4. L13000040662 Document number

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

Ted B. Cunliffe, Ph.D.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

223 East Flagler Street, Suite 216

Miami, FL 33131

- (b) Ilany Valle Chang

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

SAME ADDRESS

NEW Registered Office Address:

N/A

_____, FL _____

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.

Ted B. Cunliffe, Ph.D.
Signature of a member or authorized representative of a member

Ted B. Cunliffe, Ph.D.

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.

Ted B. Cunliffe, Ph.D.
Signature of Registered Agent

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

FILED
17 OCT 30 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA