

L13000

109942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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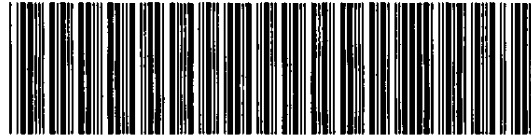
(Business Entity Name)

(Document Number)

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EXAMINER

OCT 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness Counseling Center of Ft. Lauderdale
Name of Limited Liability Company

LLC.

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:

Miriam Barkley

Name of Person

Wellness Counseling Center of Fort Lauderdale

Firm/Company

609 SW 12th Court

Address

Fort Lauderdale, Florida 33315

City/State and Zip Code

barkleymiriam@att.net

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

For further information concerning this matter, please call:

Miriam Barkley

Name of Person

at (954) 593-7312

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 608.416 or 608.508, 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: Wellness Counseling Center of Fort Lauderdale

2. (a) Principal office address of limited liability company: 2020 East Oakland Park Blvd.
(Note: MUST BE STREET ADDRESS) Suite B
Fort Lauderdale, Florida 33306

(b) Mailing address of limited liability company: 609 SW 12th Court
(Note: MAY BE POST OFFICE BOX) Fort Lauderdale, Florida

September 30, 2013 L130000109942
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Michael Lucente

Registered Office Address: 609 Sw 12th Court
Fort Lauderdale, Florida 33315

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

NEW Registered Agent: Claire McCarthy

NEW Registered Office Address: 8775 20th Street
(MUST BE FLORIDA STREET ADDRESS) #20
Vero Beach, Florida 32966, 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.

Michael Lucente
Signature of a member or authorized representative of a member

Michael Lucente
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 608, 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.

Claire McCarthy
Signature of Registered Agent

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

FILING FEE: \$25.00