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Office Use Only



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SECRETARY OF STARS

COVER LETTER

IO:	Division of Corporations			
	ANTHONY NAGUIAT, LMH	C, LLC		
SUBJ	ECT:	iability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registere	d Office Change and	I fee(s) are submitted for filing.	
Please	return all correspondence concern	ing this matter to the	following:	
ANTH	ONY M NAGUIAT			
	Name of Person		<u>—</u>	
ANTH	ONY NAGUIAT, LMHC, LLC			
	Firm/Company			
6810 I	YONS TECHNOLOGY CIR STE 125	j		
	Address			
COCO	NUT CREEK, FL 33073-4367			
	City/State and Zip C	Code	····	
ΑΝΊΗ	ONY@NAGUIATLMHC.COM			
	E-mail address: (to be used for futu	re annual report noti	fication)	
For fu	rther information concerning this n	natter, please call:		
ANTH	ONY M NAGUIAT	561	289-2810	
	Name of Person	at (Area Code & Daytime Telephone Number	
	Mailing Address:		Street Address:	
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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.

NI.	ANTHONY NAC ame of the limited liability company:				
. iva . (a)	ANTHONY NAGUIAT, LMHC, LLC		ANTHONY NA (b)	GUIAT, LMHC, LLC	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 6810 LYONS TECHNOLOGY CIR STE 125		
	6810 LYONS TECHNOLOGY CIR STE 125		0810 LYONS 1E	CHNOLOGY CIK STE 125	
	COCONUT CREEK, FL 33073-4367		COCONUT CRE	EK, FL 33073-4367	
	08/20/2013		L13000117264		
	Date of filing/registration in Florida	4.	Docu	ument number	
(a)					
(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ANTHONY M NAGUIAT				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7100 W CAMINO REAL SUITE 404				
	BOCA RATON, F	33433 I		2021 AUG SECRETA	
		L	···		
(b)				TART I	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		
	ANTHONY M NAGUIAT			of Strice	
	NEW Registered Office Address: 6810 LYONS TECHNOLOGY CIR STE 125				
	COCONUT CREEK	33073- L	4367		
the l	limited liability company is not organized under the la	ws of th	e State of Florida,	it is hereby confirmed that after th	
ent v as/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ability of the li	company, it is here mited liability com I liability company	by confirmed that the change(s) npany or as otherwise provided in .	
Siona	atore of a member or authorized representative of a member		Anthony	Nagurat ed orlyped name of signee	
here ovis e ohi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to a perfori d for in hereby	ct in this canacity.	I further agree to comply with the	
gnati	ire of Registered Agent				