

LL3000 117277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

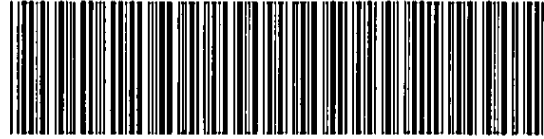
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

JOHN CUTRONE, LMHC, LLC

SUBJECT: _____
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:

JOHN A CUTRONE

Name of Person

JOHN CUTRONE, LMHC, LLC

Firm/Company

7100 W CAMINO REAL, SUITE 404

Address

BOCA RATON, FL 33433

City/State and Zip Code

JOHN@CUTRONELMHC.COM

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

For further information concerning this matter, please call:

JOHN CUTRONE	561	289-9722
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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.

JOHN CUTRONE, LMHC, LLC

1. Name of the limited liability company: JOHN CUTRONE, LMHC, LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
7100 W CAMINO REAL, SUITE 404
BOCA RATON, FL 33433
08/20/2013
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
7100 W CAMINO REAL, SUITE 404
BOCA RATON, FL 33433
L13000117277
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:
JOHN A CUTRONE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 N FEDERAL HIGHWAY, SUITE 200
BOCA RATON 33432
FL

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

JOHN A CUTRONE

NEW Registered Office Address:
7100 W CAMINO REAL, SUITE 404

BOCA RATON 33433
FL

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TALLAHASSEE, FLORIDA

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.

JOHN A CUTRONE

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent