

L1300057185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

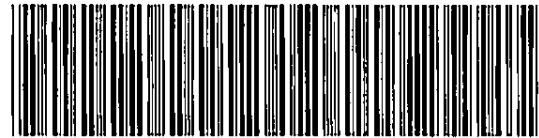
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



400304432344

10/17/17--01012--021 \*\*25.00

11:56  
17 OCT 16 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

2017 OCT 16 AM 8:25

DAVID  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sound Healing 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:

Barbara Spaulding

\_\_\_\_\_  
Name of Person

Sound Healing

\_\_\_\_\_  
Firm/Company

2821 SW Lakemont Place

\_\_\_\_\_  
Address

Palm City, Florida 34990

\_\_\_\_\_  
City/State and Zip Code

soundhealing1@gmail.com

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

For further information concerning this matter, please call:

Barbara Spaulding

518

538-1928

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: Sound Healing LLC

2. (a) Sound Healing (b) Sound Healing

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

2821 SW Lakemont Place

Palm City, Florida 34990

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

2821 SW Lakemont Place

Palm City, Florida 34990

11/07/2013

L13000157185

3. Date of filing/registration in Florida 4. Document number

5. (a) Dan Keen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N Rocky Point Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 150A

Tampa, FL 33607

(b) Barbara Spaulding

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

2821 SW Lakemont Place

NEW Registered Office Address:

Palm City, FL 34990

17 OCT 16 AM 7:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Barbara Spaulding  
Signature of a member or authorized representative of a member

Barbara Spaulding

Printed or typed name of signer

*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.*

Barbara Spaulding  
Signature of Registered Agent

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