

L130001763D3

(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:

Office Use Only



500261607915

08/15/14--01017--001 **25.00

FILED
STATE
CLERK OF COURT
14 AUG 15 AM 10:24

Rolch 8
@ 8.22.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yount Psychological Services, 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:

Melissa Yount

Name of Person

Yount Psychological Services

Firm/Company

5323 Millenia Lakes Blvd. Ste 300

Address

Orlando, FL 32839

City/State and Zip Code

caleb@yountpsych.com

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

For further information concerning this matter, please call:

Caleb Yount

Name of Person

at (850) 525-6840

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: Yount Psychological Services, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company. Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

7380 W Sand Lake Rd 7380 W Sand Lake Rd.
Orlando, FL 32819 Orlando FL 32819

3. 12/23/2013 4. L13000176303
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7380 W Sand Lake Rd.
Orlando, FL 32819

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

5323 Millenia Lakes Blvd.
Suite 300
Orlando, FL 32839

FILED
SECRETARY OF STATE
14 AUG 15 PM 12:24

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.

Caleb Yount Caleb Yount
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.

Melissa Yount
Signature of Registered Agent