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T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: River's Edge Counseling, PLLC
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:

Amanda Hannah
Name of Person

Firm/Company

7855 Argyle Forest Blvd Ste 803
Address

Jacksonville, FL 32244
City/State and Zip Code

nversedgecounseling@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Hannah at (904) 379-8075
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: Check has already been sent

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

AMANDA HANNAH
RIVER'S EDGE COUNSELING, PLLC
7855 ARGYLE FOREST BLVD., STE 803
JACKSONVILLE, FL 32244 US

SUBJECT: RIVER'S EDGE COUNSELING, PLLC
Ref. Number: L14000002688

We have received your document for RIVER'S EDGE COUNSELING, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 715A00000779

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: River's Edge Counseling, PLLC

2. (a) 7855 Argyle Forest Blvd Ste 803 (b) same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Jacksonville FL 32244

3. 1/16/14 Date of filing/registration in Florida 4. L14000002688 Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Ct Ste A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Amanda Hannah

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

7855 Argyle Forest Blvd

NEW Registered Office Address:

Ste 803

Jacksonville, FL 32244

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.

Amanda Hannah

Signature of a member or authorized representative of a member

Amanda Hannah

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.

Amanda Hannah

Signature of Registered Agent

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