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## **COVER LETTER**

Division of Corporations
SUBJECT: PREMIER PSychology PJJC  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:
DR. Marissa Petralia Name of Person
PREMIER PSychology, PLAC Firm/Company
804 anchor Rade Drive
Noples, FL 34103 City/State and Zip Code
dR. Petralia @ Premier psychnoples. com
For further information concerning this matter, please call:
DR. Maris Sa Petralia at (239) 234-6333  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:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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.
1. Name of the limited liability company: PREMILE PSychology PJLC
2. (a) OH anchor Rock Drive (b) Somethor Rock Drive (b) Railing address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Naples, FL 34103 Naples, FL 34103
2/19/2014 £14000028519
3. Date of filing/registration in Florida 4. Document number
8. (a) United State Cokbokanon the records of the Florida Dept. of State:
13302 Winding Oak Ct A
Registered Office Address (MUST BE PLORIDA STREET ADDRESS)
Tompa ,FL 33612
(b) Marissa M. Petralia, PhD Enter name of NEW Registered Agent and/or NEW Registered Office address:
804 anchor Rode Drive NEW Registered Office Address:
The state of the reactions of the reactions of the state
Naples 34103
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.  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

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