

L14 000095519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

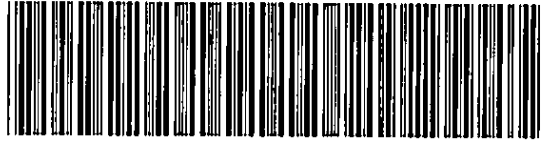
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200336466372

11/07/19--01005--025 **25.00

2019 NOV - 7 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Y. C. ...
...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Spectrum Behavior Analysis, 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:

Martina M. Rattray
Name of Person

Full Spectrum Behavior Analysis, LLC
Firm/Company

8001 Beauty Grove Dr.
Address

Tampa, FL 33626
City/State and Zip Code

mratray.abc@fullspectrumabc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martina Rattray at (813) 926-5454
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: Full Spectrum Behavior Analysis, LLC

2. (a) 8001 Beauty Grove Drive (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)

Tampa, FL 33626

3. June 13, 2014 4. L14000095519
Date of filing/registration in Florida Document number

5. (a) Morgan Streetman - Streetman Law
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

505 E. Jackson Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite #305
Tampa, FL 33609

(b) Martika M. Rathnay
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8001 Beauty Grove Drive
NEW Registered Office Address:

Tampa, FL 33626

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.

Collin Streetman
Signature of a member or authorized representative of a member

Collin Streetman
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.

Martika M. Rathnay
Signature of Registered Agent

FILED
2019 NOV -7 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA