

L140000170Z10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

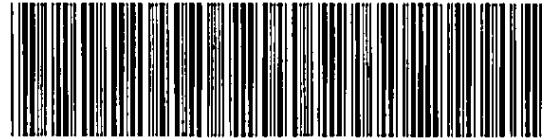
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R. WHITE

DEC 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 Nov 23 9:46

November 23, 2020

RAMON ORTEGA
1555 BONAVENTURE BLVD.
SUITE 1028
WESTON, FL 33326

SUBJECT: ANAMARIA RYAN, LMHC, CAP WELLNESS COUNSELING, PLLC
Ref. Number: L14000170210

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agents name in number 6.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 720A00023549

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anamaria Ryan, LMHC, CAP Wellness 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:

Ramon Ortega

Name of Person

Ramon Ortega CPA, PA

Firm/Company

1555 Benaventure Blvd Suite 1028

Address

Weston, FL 33326

City/State and Zip Code

ortega@ramonortegacpa.com

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

For further information concerning this matter, please call:

Ramon Ortega

Name of Person

at (954) 465-9315

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Anamaria Ryan, LMHC, CAP Wellness Counseling, PLLC

2. The principal office address: 13286 Lazzaro Ct.
Estero, FL 33928

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/31/2014 Document number: L14000170210

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc.
13302 Winding Oaks Court Suite A
Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ramon Ortega CPA, PA
1555 Bonaventure Blvd. Suite 1028
P.O. Box NOT acceptable
Weston, FL 33326

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Anamaria Ryan
Signature of an officer or director

Anamaria Ryan - owner
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

RAMON ORTEGA Ramon Ortega
Signature of Registered Agent

12/3/2020
Date

If signing on behalf of an entity:

Ramon Ortega
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)