## 4500000 5802

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	ECT: Success For Kids, LLC  Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
Anita	David						
	Name of Person						
Şucc	ess For Kids, LLC						
<del></del>	Firm/Company						
11213	3 Aspen Glen Dr.						
	Address						
Boyn	ton Beach FL 33437	. /					
	. City/State and Zip Gode	·•					
anita	@uniquerehab.net						
Ē	-mail address: (to be used for future ann	report notification)					
For fur	ther information concerning this matter,	please call:					
Anita	David	95486537 9548653705					
	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:					
INHSI	\$25 Filing Fee 8 (2/14)	□ \$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.

Name of the limited liability company:	Success For	Kids, LL	0			
a) 11213 Aspen Glen Dr		(b)	11213 Asp	Aspen Glen Dr.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
Principal office address of limited lie  (Note: MUST BE STREET A	•					
Boynton Beach FL 33437		·	Boynton B	each FL 33437		
Oct. 14, 2019		!	L15000005	802		
Date of filing/registration in	n Florida	4.	De	ocument number		
(a) Anita David						
Registered Agent and Registered Office sho	wn on the records of	f the Florida I	Dept. of State;			
168 Sims Creek Lane Jupiter	FL 33458					
Registered Office Address (MUST BE I	°LORIDA STREET	ADDRESS)				
Jupiter	, F	<sub>L_</sub> 33458		TALLE SECOND	<del></del>	
b) Enter name of NEW Registered Agent and	Vor <u>NEW Registere</u>	d Office add	ress:	NOV 12		
Anita David				The second second		
NEW Registered Office Address:	114***			ORNO.		
11213 Aspen Glen Dr.		<u>-</u> -	·	<b>3</b>		
Boynton Beach	, F	L_33437				
ne limited liability company is not organ change or changes are made, the Florida nt will be identical. Or, in the case of a were authorized by an affirmative vote articles of organization or the operating	a street address of Florida limited less of the members	of the regist liability cor of the limit e limited lia	ered office as npany, it is h ted liability c	nd the business offi ereby confirmed the company or as other	ce of the register at the change(s)	
gnature of a member or authorized representative	e of a member		P	rinted or typed name of	signee	
ereby accept the appointment as registe visions of all statutes relative to the pro obligations of my position as registered nerely reflect a change in the registered	and arout and as	gree to act le e performa led for in Cl I hereby col	in this canaci	in: I further garee	to comply with	

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

notified in writing of this change.

Signature of Registered Agent