

LS00000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

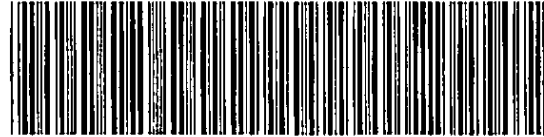
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900304085889

10/20/17--01023--021 **35.00

FILED

2017 OCT 20 PM 4:32

California State Bar

D. SCOTT

OCT 20 17

**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.

Kristi Van Sickle, PsyD, LLC

1. Name of the limited liability company: Kristi Van Sickle, PsyD, LLC
2. (a) dba Collaborative Psychological Services (b) dba Collaborative Psychological Services
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 163 5th Avenue NE 163 5th Avenue NE
- Saint Petersburg, FL 33701 Saint Petersburg, FL 33701
- 04/06/2015 L15000060240
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Kristi S. Van Sickle

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

206 16th Avenue NE

Saint Petersburg 33701
FL

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Kristi S. Van Sickle

NEW Registered Office Address:

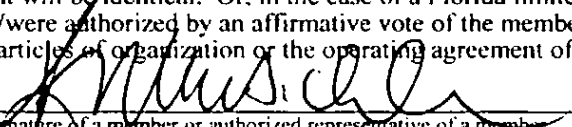
151 5th Avenue NE

Saint Petersburg 33701
FL

FILED
APR 11 2010 PM 4:32
TALLAHASSEE, FL

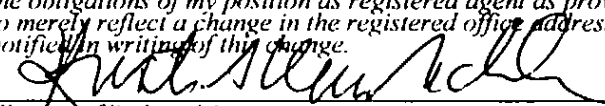
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

Kristi S. Van Sickle


Signature of a member or authorized representative of a member

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.


Signature of Registered Agent

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