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COVER LETTER

PO: Registration Section Division of Corporations											
SUBJECT: Sina González-Ruerta LMHC, 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:											
9ina gonzalez-Puerta Name of Person											
gina gonzalez-Ruerta LM+1C, LLC Firm/Company											
60 NW 37 Avenue #802 Address											
Miami FL 33125											
City/State and Zip Code											
990nzalez puerta @ gmail. Com E-mail address: (to be used for future annual report notification)											
For further information concerning this matter, please call:											
gina gonzález-Rueita az (786) 3892374											
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 \$\times \text{S55 Filing Fee & Certified Copy}											

INHS18 (2/14)

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits Florida	the foll	owing sta	tement in	i order t	o change	e its reg	8, Florida gistered o _j	ffice or i	egistere	ed age	nt, or	both, i	in the	State of
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2. (a) <u>1</u>		incipal office		Timited lia	bility com				Mailing	address		d liabili	ty comp	oany:
3.) Date of fi	uly E ling/regis		_			L1:	5000 Docu	11 = ment n		7		
5. (a)	Registered	d Agent and	Registered Wind	office show	wn on the ro	ecords of	P. Age the Florida H. A-	Dept, of Sta		Ĺ,	<i>3</i> 34	12		
(b)	Enter nan	ne of <u>NEW I</u>	N 3	Agent and 子 人v	or <u>NEW R</u>	<u>egistere</u>	d Office add	ress:			TALLAHASSEE	SECRETARY OF STATE	2015 AUG -6 PM 1:35	FILED
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