

L15000142379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

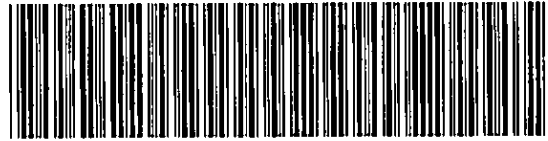
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2018

JO ELLEN DIERS  
PO BOX 44056  
EDEN PRAIRIE, MN 55344

SUBJECT: INSIGHT COUNSELING LLC  
Ref. Number: L15000142379

We have received your document for INSIGHT COUNSELING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 418A00024956

*So sorry!!! Jo Ellen*

2018 DEC 26 PM 3:23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2018

JO ELLEN DIERS  
PO BOX 44056  
EDEN PRAIRIE, MN 55344

SUBJECT: INSIGHT COUNSELING LLC  
Ref. Number: L15000142379

We have received your document for INSIGHT COUNSELING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 718A00020690

REC-3 PM12:45

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Insight Counseling, 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:

ANN JOHNSON  
Name of Person

INSIGHT COUNSELING, LLC  
Firm/Company

1589 S. WICKHAM ROAD  
Address

WEST MELBOURNE, FL 32904  
City/State and Zip Code

insight.idiers@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JO ELLEN DIERS at ( 321 ) 321-423-9199  
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

*already sent*

**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: Insight Counseling, LLC

2. (a) 1589 S. Wickham Road (b) P.O. Box 44056  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

West Melbourne, FL Eden Prairie, MN  
32904 55344

New One 11/29/18 3. Date of filing/registration in Florida 4. 45000142379  
Document number

5. (a) JO ELLEN DIERS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Prior 904 Barbados Ave  
Melbourne, FL 32901

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

~~ANN JOHNSON~~ ANN JOHNSON  
Reg. Agent for Insight Counseling, LLC  
~~1589 S. Wickham Road~~ 1589 S. Wickham Road  
West Melbourne 32904  
~~FL 32904~~ FL 32904

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.

Jo Ellen Diers  
Signature of a member or authorized representative of a member

JO ELLEN DIERS  
Printed or typed name of signee

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]  
Signature of Registered Agent