

L15000176601

(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



400306306404

12/08/17--01013--008 **55.00

17 DEC -8 AM 11:37
FILED
U.S. DEPT. OF JUSTICE

To Whom It May Concern:

I am requesting a name and address change for my LLC, the Florida Psychology Center, LLC. With the form, I have included a copy of my marriage license as well as my driver's license to show that I have changed my name since getting married. I've also moved office locations. Please return the copy of my marriage certificate.

Thank you,

Colleen M. Crooms

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Psychology Center, 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:

Colleen M. Crooms

Name of Person

Florida Psychology Center, LLC

Firm/Company

916 N Gadsden St

Address

Tallahassee, FL 32303

City/State and Zip Code

dr.colleenmocco@gmail.com

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

For further information concerning this matter, please call:

Colleen Crooms 850 459-4531

at ()

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

**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: Florida Psychology Center, LLC
2. (a) 916 N Gadsden St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Tallahassee, FL 32303
- (b) 916 N Gadsden St
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Tallahassee, FL 32303
3. 10/16/2015
Date of filing/registration in Florida
4. L15000176601
Document number
5. (a) Colleen Mocco
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1030 E Lafayette St Suite 8
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) Colleen M Crooms, Ph.D.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
916 N Gadsden St
NEW Registered Office Address:
Tallahassee, FL 32303

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.

Colleen M. Crooms
Signature of a member or authorized representative of a member

Colleen Crooms
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.

Colleen M. Crooms
Signature of Registered Agent