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K. SALY EXAMINER JUN 15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kelly Weidner, LMHC, PLLC 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:
Kelly Weidner Name of Person
Kelly Weidner, LMHC, PLLC Firm/Company
604 Raccon Ct. Address
St. Johns, FL 32259 City/State and Zip Code
Kelly Weidner Imhe @ Smail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Weidner at (904) 814 - 0092 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 & Certified Copy
INHS18 (2/14)

. 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: Kelly	Weidner, LAHC, PLLC
2. (a) Kelly Weidner LANC, PLLC	(b) Same
Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
604 Racoon Ct.	
St. Johns, FL 32259	
+ nalic	116000000000
5/12/16	<u>L1600009305</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Chevenne Moseley, US Registered Agent and Registered Office shown on the reco	conf. Agents rds of the Florida Dept. of State:
	i
United States Corporations Registered Office Address (MUST BE FLORIDA STR	EET ADBRESSI
13302 Winding Daks	Court Suit A Eur E
Tampa	-FL 38612 - T
1/ 1/2	
(b) Kelly Weidner	The second secon
Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:
	stered Office address:
Kelly Weidner, LMHC, PLLC	<u> </u>
NEW Registered Office Address:	
604 Racoon Ct	
0: T1 °	2007
St. Johns	_, FL <u>38059</u>
the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida limit	he laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.
Riggsture of a member or authorized representative of a member	Printed or timed name of cirrae
Bignature of a member or authorized representative of a member	Printed or typed name of signee
provisions of all statutes relative to the proper and com the obligations of my position as registered agent as pr	ed agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ass, I hereby confirm that the limited liability company has been
Signature of Registered Agent	_
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	