

L16000093823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

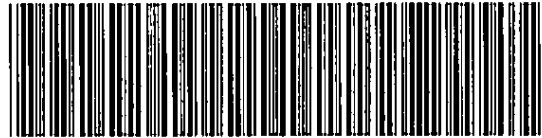
(Business Entity Name)

(Document Number)

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FILED
2021 JUN 18 PM 4:41
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

RA/RD/chs

JUN 23 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Solutions Counseling Center, 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:

Rebekah Esguerra

Name of Person

Life Solutions Counseling Center, PLLC

Firm/Company

1803 Park Center Dr. Ste. 101

Address

Orlando, FL 32835

City/State and Zip Code

rebekah@lscounselingorlando.com hannah@lscounselingorlando.com

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

For further information concerning this matter, please call:

Hannah Mistruck or Rebekah Esguerra

at (407) 985-5236

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 21 PM 1:15

May 16, 2021

REBEKAH ESGUERRA
1803 PARK CENTER DR
STE. 101
ORLANDO, FL 32835

SUBJECT: LIFE SOLUTIONS COUNSELING CENTER, PLLC
Ref. Number: L16000093823

We have received your document for LIFE SOLUTIONS COUNSELING CENTER, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00010269

**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: Life Solutions Counseling Center, PLLC
2. (a) 1803 Park Center Dr. Ste. 101
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
Orlando, FL 32835
- (b) same
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
3. 5/12/2016 Date of filing/registration in Florida
4. L16000093823 Document number
5. (a) Prime Medical Billing & Consulting, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
12728 Boggy Pointe
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Orlando, FL 32824
- (b) Registered Agents Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7901 4th St. N Ste.300
NEW Registered Office Address:
St. Petersburg, FL 33702

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2021 JUN 18 PM 4:41
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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.

R. Esquivel
Signature of a member or authorized representative of a member

Rebekah Esquivel
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.

Bell Hume
Signature of Registered Agent