

**L16000 112111**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

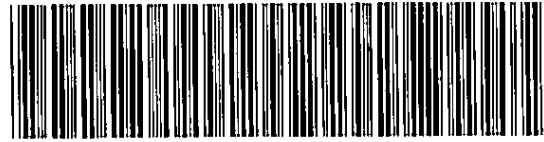
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/15/19--01010--023 \*\*25.00

FILED  
JUN 17 2019  
SECRETARY OF STATE  
TREASURY & REVENUE  
10 000 17 00 2019

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JUN 04 2019

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mind Wellness 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:

Monika Kreinberg

\_\_\_\_\_  
Name of Person

Mind Wellness Center PLLC

\_\_\_\_\_  
Firm/Company

2030 S. Douglas Road Suite 206

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

drkreinberg@gmail.com

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

For further information concerning this matter, please call:

Monika Kreinberg

786

797 1777

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

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 10 2018  
10:00 AM

**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.*

**Mind Wellness Center PLLC**

1. Name of the limited liability company: _____	
2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> Suite 206 Coral Gables, FL 33134	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> Suite 206 Coral Gables, FL 33134
06/09/2016	L16000112111

3. Date of filing/registration in Florida	4. Document number
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United States Corporation Agents Inc

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 Winding Oaks Court

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite A

Tampa 33612  
FL

Monika Kreinberg

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

2030 S. Douglas Road

**NEW** Registered Office Address.

Suite 206

Coral Gables 33134  
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.

Monika Kreinberg

Signature of a member or authorized representative of a member

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 of Registered Agent