

L16000116275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

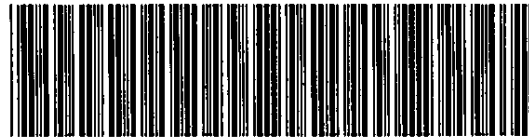
(Business Entity Name)

(Document Number)

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2017 FEB 14 AM 8:50
RECEIVED
FEB 14 2017

M. MILLIGAN
FEB 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

REFLECTIONS COUNSELING, LLC
600 N. THACKER AVE, STE D-44
KISSIMMEE, FL 34741

SUBJECT: REFLECTIONS COUNSELING, LLC
Ref. Number: L16000116275

We have received your document for REFLECTIONS COUNSELING, LLC 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 form you submitted is for a corporation, 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 017A00001172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFLECTIONS 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:

Olga Kogut

Name of Person

REFLECTIONS COUNSELING, LLC.

Firm/Company

600 N. TRUCKER AVE. STE. D-44

Address

KISSIMMEE, FL 34741

City/State and Zip Code

KOGUTOLOGA@YAHOO.COM

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

For further information concerning this matter, please call:

Olga Kogut

Name of Person

at (407) 873-8869

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

FEE ALREADY PAID. PLEASE RETURN OVERPAYMENT TO Olga Kogut.

RECEIVED
2017 FEB 14 PM 3:31
TALLAHASSEE, FLORIDA

**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: Reflections Counseling, LLC.
2. (a) 600 N. THACKER AVE. STE-D44 (b) - Suite -

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

KISSIMMEE, FL 34741

3. 6/16/16 Date of filing/registration in Florida 4. L16 000116 275 Document number

5. (a) In Corp Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17808 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

NEW Registered Office Address:

600 N. THACKER AVE. STE. D-44

KISSIMMEE, FL 34741

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.

Olga
Signature of a member or authorized representative of a member

Olga Kogut Mgr.
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.

Olga
Signature of Registered Agent