

L16000145365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

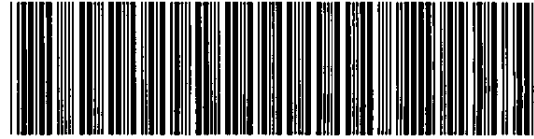
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300290096663

09/12/16--01043--010 \*\*25.00

FILED  
2016 SEP 12 P 2:26  
TALLAHASSEE, FLORIDA

SEP 13 2015  
J BRUCI

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CN Mental Wellness 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:

Carlos M. Alverio-Pares

Name of Person

CN Mental Wellness LLC

Firm/Company

5445 Village Drive, Suite 107

Address

Viera, Florida, 32955

City/State and Zip Code

carlos.m.alverio@gmail.com

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

For further information concerning this matter, please call:

Carlos M. Alverio-Pares

at ( 321 )

426-9524

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

2016 SEP 12 P 2:26  
TALLAHASSEE, FLORIDA

FILED

**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: CN Mental Wellness LLC

2. (a) 5445 Village Drive (b) 5445 Village Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite 107

Suite 107

Viera, Florida, 32955

Viera, Florida, 32955

08/03/2016

L16000145365

3. Date of filing/registration in Florida

4. Document number

5.(a) Carlos M. Alverio-Pares

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1379 TIPPERARY DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Melbourne, FL 32940

(b) Carlos M. Alverio-Pares

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5445 Village Drive

NEW Registered Office Address:

Suite 107

Viera, FL 32955

FILED  
2016 SEP 12 P 2:26  
TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

Carlos M. Alverio-Pares

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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00