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S. YOUNG

RECEIVED OCT 1 5 2018

COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: Cornerstone Counseling of Central Horida, LC. Name of Limited Diability 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:
Jessica Candelana Lipsey Name of Person
Cornerstone Counseling Firm/Company
2150 N. Park Ave Address
Address White Park Inc. 32789 City/State and Zip Code
Jessicacan de laria 8 @ hotmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Candelaña Lipsey at 407, 725-26548 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

FATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH : LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida.

Florid	Ā
I. Na	nme of the limited liability company: Cornerstone Counseling of Central 9
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2150 N. Park Avenue PO Box 1569
	Winter Park, FL 32789 Winter Park, FL 327°
	9/19/10 116000174970
3.	Date of filing/registration in Florida 4. Document number
5. (a)	united States Corporation Agents Inc.
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	13302 Winding Oaks Court, suiteA.
	Tampa FL 33612
41.	Jessica Candelaria lipsey
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	374 toland sound court
	NEW Registered Office Address:
	26754 Shoveyrass Dr = 50 ≥ 0
	wester charges 33544 82 = 1
	STATE STATE
10.45 - 13	
the cha	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) regardinerized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
	ure of a member or authorized representative of a member Printed or typed name of signee
	,
provision the obli- to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the consoft all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been if in writing of this change.
Sign	e of Rogistered Agent
-	1.75