

L17000034872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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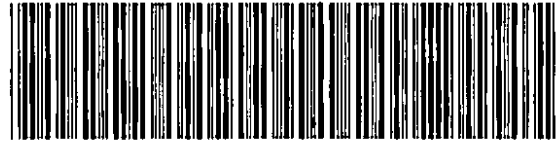
(Business Entity Name)

(Document Number)

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2019 JAN 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2019

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soul to Soul PLLC
Name of Limited Liability Company

2019 JAN 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Laura Romig
Name of Person

Soul to Soul PLLC
Firm/Company

5629 Strand Boulevard Suite 406
Address

Naples, FL 34110
City/State and Zip Code

SoultoSoul2017@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Romig at (561) 313 7524
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

**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: Soul to Soul PLLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

5629 Strand Boulevard Ste 404
Naples, FL 34110

Mailing address of limited liability company:

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

5629 Strand Boulevard
Naples, FL 34110 4.

3. 2/3/17 Date of filing/registration in Florida 4. L17000034872 Document number

5. (a) Laura Romig
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

5660 Strand Court
Naples, FL 34110

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

NEW Registered Office Address:

5629 Strand Boulevard Suite 404
Naples, FL 34110

2019 JAN 10 PM 4:40
SECRETARY OF STATE
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.

Laura Romig, LMFT
Signature of a member or authorized representative of a member

Laura Romig, LMFT
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.

Laura Romig, LMFT
Signature of Registered Agent