

L17000037579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

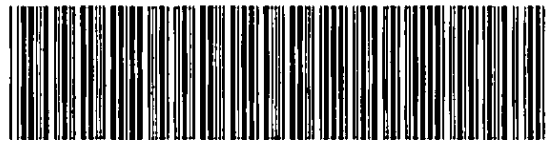
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18 APR -2 PM 3:57

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K. SALY
APR 3 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

POWERFUL PRESENCE HYPNOTHERAPY, LLC
LISA METSCHULEIT
10810 BOYETTE RD. #3318
RIVERVIEW, FL 33569

SUBJECT: POWERFUL PRESENCE HYPNOTHERAPY, LLC
Ref. Number: L17000037579

We have received your document for POWERFUL PRESENCE HYPNOTHERAPY, 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 LLC. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00005711

RECEIVED

APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Powerful Presence Hypnotherapy, 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:

Lisa Metschuleit
Name of Person

Powerful Presence Hypnotherapy
Firm/Company

10810 Boyette Road #3318
Address

Riverview FL 33569
City/State and Zip Code

lisa.met@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Metschuleit at (303) 503-1080
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: Powerful Presence Hypnotherapy, LLC

2. (a) 10810 Boyette Rd
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 10810 Boyette Rd
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

#3318
Riverview FL 33569

#3318
Riverview, FL 33569

3. February 16, 2017
Date of filing/registration in Florida

4. L17000037579
Document number

5. (a) United States Corporation Agents, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

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

10810 Boyette Rd
NEW Registered Office Address:
#3318

Riverview, FL 33569

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.

Lisa Metschuleit
Signature of a member or authorized representative of a member

Lisa Metschuleit
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.

Lisa Metschuleit
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA