12/9/2019

#1268375 Division of Corporations

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To: 1850&176383 From: 19165767051 Date: 12/09/19 Time: 2:04 PM Page: 03/03

## 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.

L N	anne of the limited liability company: RESTORA	TION CO	UNSELING LLC
2. (a)	1216 SW 4TH STREET, SUITE 5	(b)	
- (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  CAPE CORAL, FL 33991		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		00038888	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
(4)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of	State:
	5237 SUMMERLIN COMMONS BLVD STE	400	
	Registered Office Address	DDRESS)	
	FORT MYERS FI.	33907	2019 Stories
(b)	ROCKET LAWYER CORPORATE SERVICE	_	TIL AHASSEE AHASSEE
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	<u></u>
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		- STAN
	NEW Registered Office Address:		ØA = ₩
	TALLAHASSEE FL	32301	
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lialize authorized by an affirmative vote of the members of the of organization or the operating agreement of the lawie of an ember or authorized representative of a member	the registered of bility company, f the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
I hered provisi the obl to merc notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had a writing of this change:	performance of .	capacity. I further agree to comply with the my duties, and I am familiar with and accept

Division of Corporationso P.O. Box 63270 Tallahassee, FL 32314 FILING FEE: \$25.00