

LIFE COCCUTZ 2014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

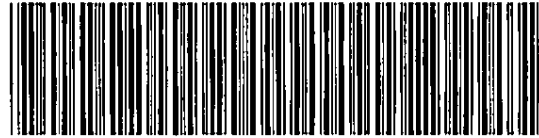
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400351598924

09/08/20--01014--016 **25.00

FILED

2020 SEP -8 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FL

for 10/16/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALING MINDS TOGETHER, 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:

LEHR, GAYLE

Name of Person

HEALING MINDS TOGETHER, LLC

Firm/Company

10852 SW 88 STREET 214

Address

MIAMI, FL 33176

City/State and Zip Code

gcoulty@aol.com

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

For further information concerning this matter, please call:

Scott Lehr

305

992-4674

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: HEALING MINDS TOGETHER, LLC

2. (a) Gayle Coulton (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)

10852 SW 88 STREET 214

MIAMI, FL 33176

08/07/2017

L17000167214

3. Date of filing/registration in Florida

4. Document number

5. (a) LEHR, GAYLE

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10852 SW 88 STREET 214

MIAMI, FL 33176

(b) Scott Lehr

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

15751 Sheridan St

NEW Registered Office Address:

143

Fort Lauderdale, FL 33331

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.

Gayle Lehr
Signature of a member or authorized representative of a member

Gayle Lehr

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.

Gayle Lehr
Signature of Registered Agent

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

FILED
2020 SEP - 8 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FL