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-	(Requ	uestor's Name)	
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	(City/	State/Zip/Phon	e #)
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Certified Copies		Certificate	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Sivana Counseling, LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Janic	e Boes						
	Name of Person						
Sivar	a Counseling						
	Firm/Company						
2431	Aloma Ave. Ste. 128						
	Address						
Winte	er Park, FL 32792						
	City/State and Zip Code						
janice	e@sivanacounseling.com						
E	-mail address: (to be used for future annu-	al report notification)					
For fur	ther information concerning this matter, p	lease call:					
Janic	e Boes	407 721-1133					
	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					
	mount:						
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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.

(a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Dma Ave. Ste 128		
	2431 Aloma Ave. Ste 128		2431 A	Aloma Ave. S			
	Winter Park, FL 32792	_ -	Winter	Park, FL 327	792		
	08/10/2017		L17000	170589			
	Date of filing/registration in Florida	4.		Document no	ımber		
(a)	Janice Boes						
(4)	Registered Agent and Registered Office shown on the records of	the Flori	ia Dept. of St	late:			
	Sivana Counseling, LLC						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>:s)</u>				
	5971 Brick Court					1	
	Winter Park,	3279		-	٠	∞,	
	FI		<u>-</u>	_	÷	25. CO	
(b)	Janice Boes				,		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_		9	
						P.4	
	Sivana Counseling, LLC			_	•	 ല	
	NEW Registered Office Address:				ζ-	9	
	2431 Aloma Ave. Ste 128						
	Winter Park,	3279	2				
e cha ent w is/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of the operating agreement of the	ws of the the regability of the lin	e State of I istered offi company, it nited liabil	ice and the busing is hereby confi lity company or	ness office rmed that	of the registere	
	In oce	Ja	nice Boe	s			
ignat	ure of a member or authorized representative of a member			Printed or types	I name of sig	пес	
iereb ovisio obli mere	ov accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ee to ac perforn d for in hereby	et in this can nance of m Chapter 60 confirm tha	pacity. I furthey duties, and I a 05, F.S. Or, if t ut the limited lia	r agree to m familiar his docume bility com	comply with the with and accept ent is being file pany has been	

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

Signature of Registered Agent