

L17000243897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

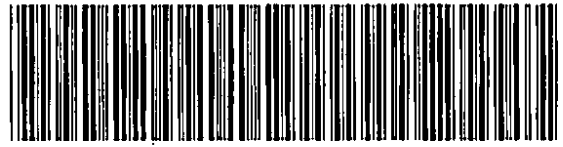
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 11 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRB Counseling & Consulting PLLC
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:

Shakeyia R Williams
Name of Person

SRB Counseling & Consulting PLLC
Firm/Company

6750 N. Andrews Ave Ste. 200
Address

Fort Lauderdale FL 33309
City/State and Zip Code

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

For further information concerning this matter, please call:

Shakeyia R Williams at (954) 282-9443
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

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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: SRB Counseling & Consulting PLLC

2. (a) 11555 Heron Bay Blvd (b) 1555 Heron Bay Blvd
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Ste 200 Ste 200
Coral Springs, FL 33076 Coral Springs, FL 33076

3. 11/28/2017 4. L17000243897
 Date of filing/registration in Florida Document number

5. (a) Shakeyia R Brown
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Shakeyia R Brown
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
11555 Heron Bay Blvd
Coral Springs, FL 33076

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 TALLAHASSEE, FLORIDA

(b) Shakeyia R Williams
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Shakeyia R Williams
NEW Registered Office Address:
6750 N. Andrews Ave Ste 200
Fort Lauderdale, FL 33309

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.

Shakeyia R Williams
 Signature of a member or authorized representative of a member

Shakeyia R Williams
 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.

Shakeyia R Williams
 Signature of Registered Agent