

21700247296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RA/RO  
change

12/11/17--01007--009 \*\*25.00

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS  
2017 DEC 11 AM 8:06

N. CAUSSEAU

DEC 13 2017

December 6, 2017

Dear Florida Division of Corporations,

When I filed for my LLC I mistakenly put my home address on both Registered Agents sections and I am requesting a statement of change for the address to be the current address of the company. Thank you so much for your help with this.

Kind regards,  
Laura Tait

A handwritten signature in black ink, appearing to read 'L Tait', with a stylized flourish at the end.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Suncoast neuropsychiatric wellness center 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:

LAURA TAIT, MD

Name of Person

Suncoast Neuropsychiatric Wellness Center LLC

Firm/Company

22091 Elmira Blvd, Port Charlotte, FL 33952

Address

\_\_\_\_\_  
City/State and Zip Code

Suncoastneuropsychwellness@gmail.com

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

For further information concerning this matter, please call:

LAURA TAIT, MD

Name of Person

at ( 904 ) 575-0774

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: Suncoast Neuropsychiatric Wellness Center LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

22091 Elmira Blvd  
Port Charlotte, FL 33952

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

22091 Elmira Blvd  
Port Charlotte, FL 33952

12-2-17

3. Date of filing/registration in Florida

L17000247296

4. Document number

5. (a) Laura Tait, MD  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

22091 Elmira Blvd  
Port Charlotte, FL 33952

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

Laura Tait, MD Justin Tait, J.D.  
**NEW Registered Office Address:**

22091 Elmira Blvd  
Port Charlotte, FL 33952

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.

[Signature]  
Signature of a member or authorized representative of a member

LAURA TAIT, MD  
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.

[Signature]  
Signature of Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 DEC 11 AM 8:07