

L18 0000007391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

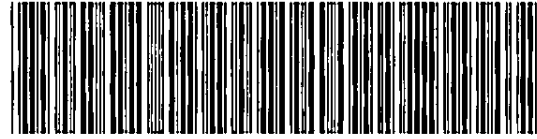
(Business Entity Name)

(Document Number)

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R. WHITE
MAR 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATE PATHWAYS COUNSELING, 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:

AMAL A BERNAL
Name of Person

CREATE PATHWAYS COUNSELING, LLC
Firm/Company

9990 COCONUT ROAD
Address

BONITA SPRINGS, FLORIDA 34135
City/State and Zip Code

AMAL@CREATEPATHWAYSCOUNSELING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMAL A BERNAL 239 390-1120
Name of Person at () 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: CREATE PATHWAYS COUNSELING, LLC

2. (a) CREATE PATHWAYS COUNSELING, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
9990 COCONUT ROAD
BONITA SPRINGS, FLORIDA 34135

(b) CREATE PATHWAYS COUNSELING, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PO BOX 3194
NAPLES, FLORIDA 34106

3. JANUARY 9, 2018 Date of filing/registration in Florida

4. L18000007391 Document number

5. (a) ANTONIO FAGA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ANTONIO FAGA
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7955 AIRPORT PULLING ROAD
NAPLES, FL 34109

JAN 15 11:15

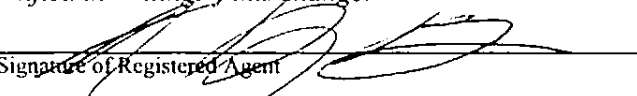
(b) AMAL A BERNAL
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
AMAL A BERNAL
NEW Registered Office Address:
9990 COCONUT ROAD
BONITA SPRINGS, FL 34135

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 of a member of authorized representative of a member

AMAL A BERNAL 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 of Registered Agent