

L18000011663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

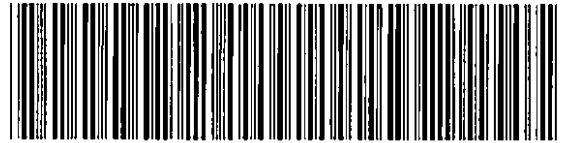
(Business Entity Name)

(Document Number)

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2023 SEP -7 PM 12:40  
DIVISION OF REVENUE  
CLERK OF SUPERIOR COURT

RECEIVED  
CLERK  
9/10/25

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aaryn Post Gottesfeld Ph.D. 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:

Aaryn Gottesfeld  
Name of Person

Aaryn Post Gottesfeld PhD PLLC  
Firm/Company

4800 N Federal Highway Ste E102  
Address

Boca Raton, FL 33431  
City/State and Zip Code

gottesfeldphd@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaryn Gottesfeld at (561) 594-6030  
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

2023 SEP -7 PM 12:40

REGISTRATION  
DIVISION OF CORPORATIONS

**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: Aarvn Post Gottesfeld PhD PLLC
2. (a) 4800 N Federal Hwy, E-102 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Boca Raton, FL  
33431
3. 1/16/2018 Date of filing registration in Florida 4. L18000011663 Document number
5. (a) SG Registered Agent LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 E Palmetto Park Rd #103  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Boca Raton, FL 33432  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) Aarvn Post Gottesfeld  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4800 N Federal Highway, E-102  
NEW Registered Office Address:  
Boca Raton, FL 33431

2023 SEP - 7 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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.

Aarvn Post Gottesfeld Signature of a member or authorized representative of a member  
Aarvn Post Gottesfeld 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.

Aarvn Post Gottesfeld  
Signature of Registered Agent