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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Dr. Melody Midoneck, DSW, LCSW 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:						
Dr. Melody Midoneck  Name of Person						
Dr. Melody Midoneck, DSW LCSW LLC Firm/Company						
9833 Halston Manar Address						
Boyndon Beach Fla 33473  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Melcoly Inidoreck at (732) 4908136						
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					

## 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.

l. Na	me of the limited liability company:	dy Midon	ed DSW LC	SW RPT-S
2. (a)	9833 Halston Manor		Same	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<del>-</del>	s of limited liability company:  **BE POST OFFICE BOX**)
	Boynton Beach Fla 33473			
	En 16 2018		L180∞	41984
3.	Date of filing/registration in Florida	4.	Document r	
5. (a)	Melody Midoneck			
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept	. of State:	
	7581 Glendevon Lane Apt			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
	Delvay Beach			
	, FL	3344	0	
(h)				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	<del></del>	
	9833 Halston Manol			
	NEW Registered Office Address:			ANII D
	Baynton Beach			59
	, FL_	3347	3	
If the li	mited liability company is not organized under the laws	s of the State	e of Floridal it is be	ereby confirmed that after
the cha agent v was/we	nge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered bility compa the limited	d office and the bus ny, it is hereby con liability company c	siness office of the registered afirmed that the change(s)
Signal	ure of a member or authorized representative of a member		Melady M. Printed or typ	doncck oed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act in the performance for in Chap, ereby confir	nis capacity. I furth of my duties, and I ter 605, F.S. Or, if m that the limited I	her agree to comply with the am familiar with and accept this document is being filed iability company has been
Signatu	Mlodydu donael re of Registered Agent			