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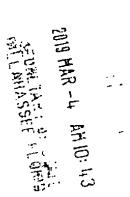
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	ි		
Middle Path Counseling S SUBJECT:	ervices, LLC ame of Limited Liability Company		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Lyndsey Karns			
Name of Person			
Middle Path Counseling Services, LL	С		
Firm/Company			
3850 NW 2nd Ave, #22			
Address			
Boca Raton, FL 33431			
City/State and Zip Code	<u> </u>		
Karns.Lyndsey@gmail.com			
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matte	er, please call:		
Lyndsey Karns	440 413-7868		
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	ng amount:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stafforida.

(b)) N	V 2nd Ave, #22 Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) ton, FL 33431 63865 Document number
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e regi: lity co he lim	stered office ompany, it is nited liability	orida, it is hereby confirmed that after and the business office of the regis is hereby confirmed that the change(so y company or as otherwise provided apany.
Lyn	ndsey Karr	ns
		Printed or typed name of signee
	of the e regility cohe limited	of the State of Floeregistered office lity company, it is

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ac the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being f to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has bee notified in writing of this change

Signature of Registered Agent