L18000066630

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	₩AIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECHETARY OF STATE

MAY 3 0 2019 M. SOLOMON



April 9, 2019

ROSANA MARZULLO-DOVE 912 W. PLATT ST, SUITE 101 TAMPA, FL 33606

SUBJECT: ROSANA MARZULLO-DOVE PSYD, LLC

Ref. Number: L18000066630

We have received your document for ROSANA MARZULLO-DOVE PSYD, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 319A00007128

RECFIVED MAY 1 5 2019

TO: Registration Section Division of Corporations		
SUBJEC	Rosana Marzullo-Dove, PsyD, LLC	
.,01,011.0		nited Liability Company
Dear Sir o	or Madam:	
The enclo	osed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter	to the following:
Rosana	a Marzullo-Dove	
127	Name of Person	
	Firm/Company	
912 W.	Platt St Suite 101	
	Address	
-	El 00000	
l ampa,	, FL 33606	
	City/State and Zip Code	
drmarzı	ullodove@gmail.com	
———E-m	nail address: (to be used for future annual repo	t notification)
For furthe	er information concerning this matter, please of	all:
Rosana	n Marzullo-Dove 8	13 613-8587
	Name of Person	Area Code & Daytime Telephone Number
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Lifton Building 661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
E	Enclosed is a check for the following amoun	
	3 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
1NHS18 ()	2/14)	

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

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

Flor	ida.			
1.	Name of the limited liability company: Rosana	a Marzullo-Dove, PsyD), LLC	
2. (a	912 W. Platt St. Suite 101	(b) 912 W. Platt St. Suite 101		
2. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)			
	Tampa, FL 33606	Tampa	, FL 33606	
	03/14/2018	L180000	066630	
3.	Date of filing/registration in Florida	4.	Document number	
5. (Registered Agent and Registered Office shown on the re	1 61 19 11 15 16	-	
	UNITED STATES CORPORATION A	·	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2 219	
	13302 Winding Oak Court A			
	Tampa	. FL 33612	HAY 15	
(1	Rosana Marzullo-Dove			
(1	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office address:	3: 54 3: 54	
				
	NEW Registered Office Address;			
	912 W. Platt St. Suite 101		_	
	Tampa	, _{FL} 33606		
TC AL	time a distribution of the second of the sec		— Lanida italia kanatan andimandakan akan	
the cager was/	e limited liability company is not organized under hange or changes are made, the Florida street add t will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the me articles of organization or the operating agreemen	dress of the registered officentied liability company, it is in the limited liability company.	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	1 de la companya della companya della companya de la companya della companya dell	Rosana Mar	zullo-Dove	
	nature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to m	reby accept the appointment as registered agent isions of all statutes relative to the proper and cobligations of my position as registered agent as erely reflect a change in the registered office addited in writing of this change.	and agree to act in this cap omplete performance of my provided for in Chapter 60 tress, I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Sign	ature of Registered Agent	- 		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314