

L18 0000 90346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

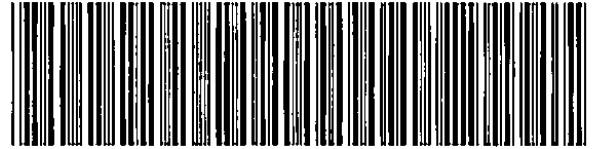
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600330269926

06/19/19--01007--014 *125.00

2019 JUN 19 10 11 AM
CLERK OF COURT

CLERK 7 HRP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Center for Sobriety, Spirituality & Healing, 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:

Anthony G. Foster
Name of Person

The Center for Sobriety, Spirituality & Healing
Firm/Company

7100 W. Camino Real, Suite 302-6
Address

Boca Raton, FL 33433
City/State and Zip Code

tfoster@soberspirithealing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Foster at (754) 245-0332
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 IN
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: The Center for Sobriety, Spirituality & Healing, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7100 W. Camino Real, Suite 302-6
Boca Raton, FL 33433

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4/10/18

L18000090346

3. Date of filing/registration in Florida 4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court, Suite A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Anthony G. Foster

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7100 W. Camino Real, Suite 302-6

NEW Registered Office Address:

Boca Raton, FL 33433

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.

Anthony G. Foster
Signature of a member or authorized representative of a member

ANTHONY G. FOSTER
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

Anthony G. Foster
Signature of Registered Agent

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

FILING FEE: \$25.00