

L18000122312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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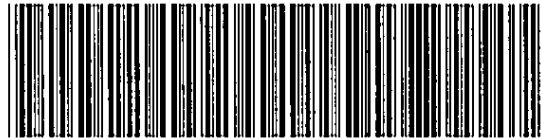
(Business Entity Name)

(Document Number)

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J. SIMMONS
JUL 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolf Psychological Services 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:

Jennifer Wolf, Ph.D.

Name of Person

Wolf Psychological Services LLC

Firm/Company

3270 Suntree Blvd Ste 127

Address

Melbourne, FL 32940

City/State and Zip Code

drjenniferwolf@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Wolf, Ph.D.

321

372-8608

at (_____) _____

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

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: <u>Wolf Psychological Services LLC</u>	
2. (a) <u>Wolf Psychological Services LLC</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>3270 Suntree Blvd Ste 127</u> <u>Melbourne, FL 32940</u>	(b) <u>Wolf Psychological Services LLC</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>3270 Suntree Blvd Ste 127</u> <u>Melbourne, FL 32940</u>
3. <u>05/16/2018</u> Date of filing/registration in Florida	4. <u>L18000122312</u> Document number
5. (a) <u>Jennifer L Wolf</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>Wolf Psychological Services LLC</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>3270 Suntree Blvd Ste 2231</u> <u>Melbourne, FL 32940</u>	
(b) <u>Jennifer L Wolf</u> Enter name of NEW Registered Agent and/or NEW Registered Office address : <u>Wolf Psychological Services LLC</u> NEW Registered Office Address: <u>3270 Suntree Blvd Ste 127</u> <u>Melbourne, FL 32940</u>	

2021 JUN 21 PM 3:19

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.

Jennifer L Wolf
Signature of a member or authorized representative of a member

Jennifer L Wolf

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 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.

Jennifer L Wolf
Signature of Registered Agent