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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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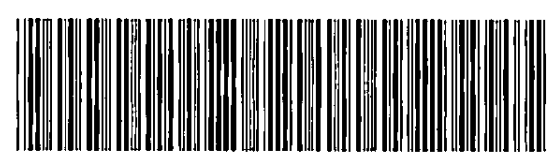
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Connected Speech Pathology

\_\_\_\_\_  
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:

Allison Geller

\_\_\_\_\_  
Name of Person

Connected Speech Pathology

\_\_\_\_\_  
Firm/Company

3020 W Chapin Ave

\_\_\_\_\_  
Address

Tampa FL 33611

\_\_\_\_\_  
City/State and Zip Code

allison@connectedspeechpathology.com

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

For further information concerning this matter, please call:

Allison Geller

917

771-2219

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