LISODepartment of State **Division of Corporations Electronic Filing Cover Sheet**

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	To:					
	10.	Division of Co Fax Number	rporations : (850)617-6383			
	VOINOUL SSEE the Enter the	Account Number Phone Fax Number	: REGISTERED AGENTS INC. : I20090000081 : (307)200-2803 : (855)330-1010 r this business entity to be used Enter only one email address plea	for future ase.**		
2021	ò ⊴E mail A	ddress:		>⊘ 	2021	
r	LLC REGISTERED AGENT CHANGE KATIE'S COUNSELING SERVICE LLC			Anx5SEE	AUG 12 A	FILE

KATIE'S COUNSELING SERVICE LLC Certificate of Status l 0

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\$25.00

AM II: 0

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 . . .

Name of the limited liability company: Kat		ng Service LLC			
(a) Principal office address of limited liability of (<u>Note: MUST BE STREET ADDRES</u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
06/29/18	L18	3000159697			
Date of filing/registration in Floric	la 4.	Document number			
(a) LEGALINC CORPORATE SERVICI	ES INC.				
Registered Agent and Registered Office shown on th	e records of the Florida Dept	. of State:			
5237 SUMMERLIN COMMON	S				
Registered Office Address (MUST BE FLORID)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
SUITE 400	SUITE 400				
FORT MYERS	. _{FL} 33907	AUC			
, Registered Agents Inc.		ALLANASSEE			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:				
7901 4th St N		AM II: 06			
NEW Registered Office Address:					
STE 300	<u></u>				
St. Petersburg	, _{FL} 33702				
e limited liability company is not organized un change or changes are made, the Florida street at will be identical. Or, in the case of a Florida (were authorized by an affirmative vote of the articles of organization or the operating agreen	der the laws of the State address of the registered limited liability compa members of the limited	d office and the business office of the registency, it is hereby confirmed that the change(s) liability company or as otherwise provided it			
R: Lun Tark	Riley Pa				
gnature of a member or authorized representative of a me	mber	Printed or typed name of signee			

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.

Gel Anne	Bill Havre	 Assistant Secretary
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Signature of Registered Agent

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25.00

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