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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

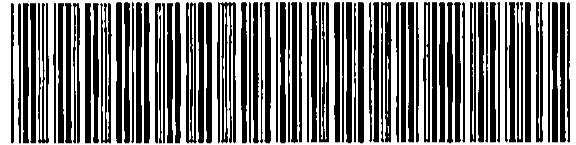
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

Integrative Healing Counseling Services, LLC

SUBJECT: _____
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:

Dominique Barritt-McBride

Name of Person

Integrative Healing Counseling Service, LLC

Firm/Company

P.O. Box 141192

Address

Orlando, FL 32814

City/State and Zip Code

dominiquebarritt@gmail.com

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

For further information concerning this matter, please call:

Dominique Barritt-McBride 407 701-4230

Name of Person at (_____) 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 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.

Integrative Healing Counseling Services, LLC

1. Name of the limited liability company: 3222 Corrine Drive P.O. Box 141192

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Suite A Orlando, FL 32814
Orlando, FL 32803

08/20/2018

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3. Date of filing/registration in Florida 4. Document number
United States Corporation Agents, Inc.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite A

Tampa 33612
, FL

Dominique Barritt-McBride

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

3222 Corrine Drive

NEW Registered Office Address:
Suite A

Orlando 32803
, FL

FILED
2019 AUG 29 PM 2:13
TALLAHASSEE, FL
Soc. Sec. No.

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.

Dominique Barritt-McBride

Printed or typed name of signee

[Signature]
Signature of a member or authorized representative of a member
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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00