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OCT 10 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masterpiece Counseling & Wellness, 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:

Elizabeth Sanchez
Name of Person

Firm/Company

703 Cloverleaf Blvd.
Address

Deltona, FL 32725
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Sanchez at (321) 297-1408
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 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: Masterpiece Counseling & Wellness, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

667 Deltona Blvd. #100
Deltona, FL 32725

703 Cloverleaf Blvd.
Deltona, FL 32725

3. 1/14/2019 4. L19000014621
Date of filing/registration in Florida Document number

5. (a) Elizabeth Sanchez
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
4530 S. Orange Blossom Trail #628
Orlando, FL 32839

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

NEW Registered Office Address:
703 Cloverleaf Blvd.
Deltona, FL 32725

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TALLAHASSEE, FLORIDA
STATE DEPT. OF CORP.

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.

E. Sanchez
Signature of a member or authorized representative of a member

Elizabeth Sanchez
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.

E. Sanchez
Signature of Registered Agent