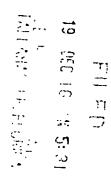
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Office Use Only



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JAN 1 6 2020 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations	•
Miami Beach Mood and ADHD Therapi SUBJECT:	ies LLC
	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 m	natter to the following:
Mauricio Enrique Rodriguez	
Name of Person	····
Miami Beach Mood and ADHD Therapies	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
5088 NW 74th Ave	
Address	<del></del>
Miami, Florida 33166	
City/State and Zip Code	
MEROD403@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Mauricio Rodriguez	786 398-2477
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 am	ount:
□ \$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. N:	nme of the limited liability company: Miami Beach M	lood and	IAD	HD Then	rapies LLC			
2. (a)	Address of Principal Office		(b)	Mailing	Address			
_, (,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		107		Mailing address (Note: MA)	s of limited li ' <i>BE POST O</i>	-	
	9737 NW 41 ST   Suite #387			9737 NV	W 41 ST Suite#	387		
	Doral, FL 33178	<del></del> -		Doral, F	L 33178			
	January 13, 2019		l.	1900001	14798			
3.	Date of filing/registration in Florida	4.			Document n	number		<u> </u>
5. (a)	Miami Beach Mood and ADHD Therapies LLC							
	Registered Agent and Registered Office shown on the records o 9737 NW 41 ST	f the Flor	rida l	Pept, of St	tate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u> </u>			
	Suite # 387	. 110.12.11					330 330	77
	Doral F		78					<u> </u>
						<del></del> -		-
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office			<del>_</del>	Ē	ن	
	Tance hame of the registered Agent and of the registere	u Onice	augr	<u>ess</u> .		. *	ں ' 	
			_					
	NEW Registered Office Address:							
	5088 NW 74th Ave							
	Miami F	. 33166 L	•					
:nange igent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li	ered com imite	office a pany, it ed Iiabili	ind the busines is hereby conf ity company of	is office of firmed that	the regi	istered nge(s)
	MV	M	lauri	rio E Roc	driguez			
_	ure of a member or authorized representative of a member				Printed or type	•	-	
provisio he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ייונו/דייות י	man	er at me	calities and L	am familia	r with /	out account
Signatur	e of Registered Agent							

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