

L1900002418Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

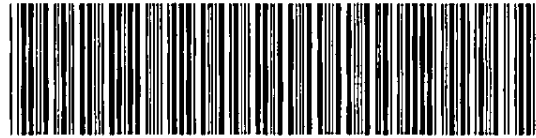
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

**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: Movimentum Psychology LLC

2. (a) 14004 Oviedo PL, Fort Myers FL 33905

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 14004 Oviedo Pl, Fort Myers FL 33905

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. **Date of filing/registration in Florida**

4. Document number

5. (a) 1/29/2019

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Kelly Miller

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1317 Edgewater Dr #902

Orlando FL 32804

(b) Angelique Melendez-Blanch

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

14004 Oviedo Pl

NEW Registered Office Address:

Fort Myers, FL 33905

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.

Signature of a member or authorized representative of a member

Angelique Melendez-Blanch

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.

Signature of Registered Agent

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

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