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COVER LETTER

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SUBJECT:	Brandon	Counseling Name of L	e' Wellness imited Liability Con	-Ann npany	E GRIMALdi, LCS	N, PLLC

Dear Sir or Madam:

Registration Section Division of Corporations

TO:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann E. GRIMALdi Name of Person

Brandon Counseling & Wellness-Ann E. GrimAldi, LCSW-PLLC

138 E Bloomingdale Avenue

Brandon, Florida 33511
City/State and Zip Code

Ann@ Brandon Courseling and wellness. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann E. Grimaldi at (813) 474-7910

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 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.

	0 .	0	1.			
1. N	ame of the limited liability company: BRANDON	Cour	seling & We	ellness-An	n E. Grim	ALDI,
2. (a)		(b)		LESW,	PLLC	
` '	Principal office address of limited liability company:	` ' '	Mailing addre	ess of limited liability c		
	(Note: MUST BE STREET ADDRESS)			<u> 1Y BE POST OFFICE</u> 		
	138 E. Bloomingdale Avenu	re .	138 E B	<u>oloomingd</u>	ale Ave	nuc
	Brandon, Fl. 33511	-	Brandon	, FL. 335	511	
			L1900011	7224		
3.	Date of filing/registration in Florida	4.	Document	number		
5. (a)	United States Corporation Agents Registered Agent and Registered Office shown on the records of the	<u>, In (</u> Florida D	ept, of State:			
	5575 S. SEMORAN BLVD Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)				
	Suite 36					
	Orlando FL	<u> 328</u>	<u>22</u>			
				e-2		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	Tice addr	ess:	<u></u> స	Γ,	
				ارسور شعر	, i. i.	
	Ann E. GRIMALDI			ت ایزین	(-).3	
	NEW Registered Office Address:			200 里	[]	
	138 E. BLOOMingdale Au	enue	2	1-3 PM 1: 22		
			-	三型 2)	
	Brandon FL	335	<u> </u>	, 14		
If the l	imited liability company is not organized under the laws or	at'tha St	ato of Florida, it is b	wroby confirmed th	vat after the	
change	or changes are made, the Florida street address of the re-	gistered	office and the busing	ess office of the reg	gistered	
	vill be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the					
	cles of organization or the operating agreement of the lin					
<u>_</u> &\	ra It, Juralde.		hn E. GR	imaldi		
_	ture of a member or authorized representative of a member		•	ped name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete per igutions of my position as registered agent as provided for the reflect a change in the registered office address, I here I in writing of this change.	to act in formand or in Cha ehy conf	this capacity. I furt we of my duties, and upter 605, F.S. Or, i irm that the limited i	her agree to comp. I am familiar with I this document is liability company l	ly with the and accept being filed as been	
Signatu	u G. puralle re of Registered Agent					

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