

L19000133033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

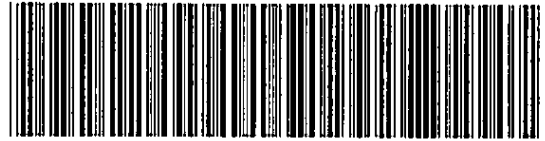
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mpower Counseling PLLC  
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:

Larisa A. Correa  
Name of Person

Mpower Counseling PLLC  
Firm/Company

7800 Colyer Ave 4F  
Address

Miami Beach FL 33141  
City/State and Zip Code

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

For further information concerning this matter, please call:

Larisa Correa at ( 347 ) 738 1199  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2023

*Received*

LARISA CORREA  
400 KINGS POINT, 627  
SUNNY ISLES BEACH, FL 33160

SUBJECT: MPOWER COUNSELING, PLLC  
Ref. Number: LT9000133033

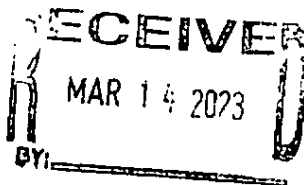
We have received your document for MPOWER COUNSELING, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 523A00004946



**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: Mpower Counseling PLLC
2. (a) Service (b) Mailing  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
400 King Point Dr 627 7800 Carlyle Ave 4F  
Sunny Isles Beach FL 33160 Miami Beach FL 33141
3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number
5. (a) Larisa Correa  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2700 NE 135 St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
APT 45  
North Miami, FL 33181
- (b) Larisa Correa  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7800 Carlyle Ave  
APT 4F  
Miami Beach, FL 33141

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TALLAHASSEE, FL

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]  
Signature of a member or authorized representative of a member

Larisa Correa  
Printed or typed name of signer

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