

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000173665

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2023 APR 28 AM 10:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
TRANSITIONS COACHING AND COUNSELING PLLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

2023 APR 28 PM 2:33

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APR 01 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSITIONS COACHING AND 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

SSS

462-3453

at (

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.

1. Name of the limited liability company: TRANSITIONS COACHING AND COUNSELING PLLC

2. (a) 1611 Westminster Ave (b) 1611 Westminster Ave
 Principal office address of limited liability company. Mailing address of limited liability company.
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Jacksonville, FL 32210 Jacksonville, FL 32210

3. 07/03/2019 4. 19000173665
 Date of filing/registration in Florida Document number

5. (a) MARY BETH RIDDERMAN
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State
5345 ORTEGA BOULEVARD
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 14
JACKSONVILLE, FL 32210

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.
1611 Westminster Ave
NEW Registered Office Address
Jacksonville, FL 32210

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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.

Mary Beth Ridderman
 Signature of a member or authorized representative of a member

Mary Beth Ridderman

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.

Mary Beth Ridderman
 Signature of Registered Agent