LF9000192481

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP V	VAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

	Registration Section Division of Corporations		·			
SUBJEC	Engaged Therapeutic A	arts LLC				
SUBJEX	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	Office Ch	ange and	fee(s) are submitted for filing.		
Please ro	eturn all correspondence concerning	g this matt	er to the	following:		
	Mercedes Sosa					
	Name of Person					
	A Task at at Time - Adminis	trative Ser	vices			
	Firm/Company					
	128 Myrtle Ridge Road					
	Address					
	Lutz, Florida 33549					
	City/State and Zip Cod	le				
	msosa@taskatatime.org		 	·····		
	nail address: (to be used for future her information concerning this mat	·		eation)		
			*			
	Mercedes Sosa	at (813			
	Name of Person			Area Code & Daytime Telephone Number		
]]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Enclosed is a check for the follow S25 Filing Fee	ing amou		Tallahassee, FL 32303 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.

	me of the limited liability company:		
2. (a)	6443 Devesta Loop Principal office address of limited liability company:	(b)_	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	Palmetto, Florida 34221		
	7/29/2019		1.10000103491
3.	Date of filing/registration in Florida		L19000192481 Document number
5. (a)	Hunter Tuck Registered Agent and Registered Office shown on the records of	`tka Elasida D	lent of State:
	Registered Agent and Registered Office shown on the records of	nie rionda D	ept. of State.
	6443 Devesta Loop	ADDDECC	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDĶĶSS)</u>	
	Palmetto , F1	<u> 34221</u>	
(b)	A Task at at Time - Administrative Services, Inc.		- 2 - 2 - 3
	Enter name of \underline{NEW} Registered Agent and/or \underline{NEW} Registered	l Office addr	<u>ess</u> :
	128 Myrtle Ridge Road		
	NEW Registered Office Address:		
			
	Lutz	33549	
	, rı	, 33547	
:hange igent v was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of less of organization or the operating agreement of the	registered ability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
3 #	eb 19 2014 17 58 E 57	Hun	ter Tuck
	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obli o merc	ov accept the appointment as registered agent and agroins of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	performan d för in Ch	ce of my duties, and I am familiar with and accepapter 605, F.S. Or, if this document is being filed

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

Mercedes Sosa, Signature of Registered Agent