L200000 46856

(Requestor's Name)								
(Address)								
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(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Durings Fraib, Name)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								

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COVER LETTER

	sistration Section ision of Corporations		>						
SUBJECT:	Flynn Behavioral and Educational Cons	ultants, LLC							
SUBJECT.	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclose	d Registered Agent/Registered Office Ch	ange and fe	e(s) are submitted for filing.						
Please retur	n all correspondence concerning this matt	er to the fol	lowing:						
Sumner Fly	nn								
	Name of Person		-						
Flynn Beha	vioral and Educational Consultants, LLC								
	Firm/Company		-						
1341 SE 3rd	d Avenue, 410								
	Address		_						
Dania, FL 3	3004								
	City/State and Zip Code	<u>-</u>	-						
sumner@fly	ynnbecaba.com								
E-mai	l address: (to be used for future annual re	port notifica	ition)						
For further	information concerning this matter, please	e call:							
Sumner Fly	nn at e	508	942-6506						
	Name of Person	\ 	Area Code & Daytime Telephone Number						
Reg Div P.C	gistration Section Pision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the following amou	ınt:							
Q 9	\$25 Filing Fee	Filing Fee & Certified Copy							
INHS18 (2/1	4)								

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.

. Na	me of the limited liability company:						
	1341 SE 3rd Avenue	(b)	1722	Sheridan	St		
. (-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mai	iling address of l	imited liability company: POST OFFICE BOX)		
	#410	_	# 296				
	Dania, FL 33004		Hollywo	od, FL	33020		
	02/10/2020	L2	L20000046856				
. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc	4.	Do	ocument num	ber		
. (41)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S Semoran Blvd						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
(b)	Orlando . FL	32822			60		
	Sumner Flynn				2020 F		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>:555</u> :		A R		
	1341 SE 3rd Avenue				ASS P P FF		
	NEW Registered Office Address:				7 7 7		
	410				PHIZ: 30		
	Dania . FL	33004					
hange gent v /as/wc	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	registered of the complete the	office and the pany, it is he diability c	he business of ereby confirn ompany or as	ffice of the registered ned that the change(s)		
	hand the	Sumne	er Flynn				
Signa	ture of a member or authorized representative of a member		Pi	rinted or typed n	ame of signee		
rovisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have been been address, I have been address.	te to act in performand for in Cha preby conf	this capaci re of my dut ipter 605, F irm that the	ty. I further of test, and I am E.S. Or, if this of limited liability.	igree to comply with the familiar with and accept document is being filed lity company has been		

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

Signature of Registered Agent