

L20 0000 77053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

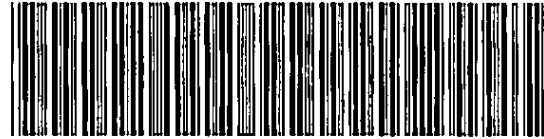
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 21 PM 2:06

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RA/R0/ch8

SEP 21 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Counseling4Change, LLC
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:

Arthur Belmont

Name of Person

Counseling4Change, LLC

Firm/Company

1317 Edgewater Drive, #4546

Address

Orlando, FL 32804

City/State and Zip Code

ahbelmont3@gmail.com

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

For further information concerning this matter, please call:

Arthur Belmont

Name of Person

at (888) 787-1767

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

SEP 21 AM 11:47

August 25, 2021

ARTHUR BELMONT
1317 EDGEWATER DRIVE #4546
ORLANDO, FL 32804

SUBJECT: COUNSELING4CHANGE, LLC
Ref. Number: L20000077053

We have received your document for COUNSELING4CHANGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00020508



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2021

ARTHUR BELMONT
1317 EDGEWATER DRIVE #4546
ORLANDO, FL 32804

SUBJECT: COUNSELING4CHANGE, LLC
Ref. Number: L20000077053

We have received your document for COUNSELING4CHANGE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 121A00014609

2021 AUG 20 AM 2:26

RECEIVED

**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: Counseling 4 Change, LLC

2. (a) 288 N. Hidden Tree Dr. (b) 288 N. Hidden Tree Dr.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

St. Augustine, FL 32086

St. Augustine, FL 32086

3/9/2020

L20000077053

3. Date of filing/registration in Florida

4. Document number

5. (a) Arthur Belmont
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

288 N. Hidden Tree Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Augustine, FL 32086

(b) Kelly Miller
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1317 Edgewater Drive

NEW Registered Office Address:

Orlando, FL 32804

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.

Arthur H. Belmont

Signature of a member or authorized representative of a member

Arthur Belmont

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.

Kelly Miller

Signature of Registered Agent

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

2021 SEP 21 PM 2:06

FILED