

h20 0000 99431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

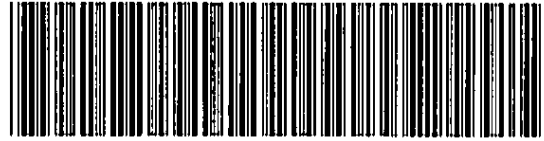
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Serenity Envisioned 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:

Christine Sainvil Ph.D.  
Name of Person

Serenity Envisioned PLLC  
Firm/Company

100 E Sample Rd, Suite 300  
Address

Pompano Beach, FL 33064  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christine Sainvil, Ph.D. at (631) 807 5194  
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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 AUG 22 PM 12:09

June 24, 2022

CHRISTINE SAINVIL, PH.D.  
SERENITY ENVISIONED PLLC  
2210 NW 167TH AVE., APT 108  
PEMBROKE PINES, FL 33028

SUBJECT: SERENITY ENVISIONED PLLC  
Ref. Number: L20000099431

We have received your document for SERENITY ENVISIONED 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 Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 322A00014342

**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: Serenity Envisional PLLC
2. (a) 100 E Sample Rd, Suite 300 (b) 100 E Sample Rd, Suite 300  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Pompano Beach, FL 33064 Pompano Beach, FL 33064

3. 4/8/2020 4. L200000099431  
Date of filing/registration in Florida Document number

5. (a) LegalCorp Solutions LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3440 W Hollywood Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 415  
Hollywood FL 33021

- (b) Coppel Quality Clinic  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

100 E Sample Rd  
NEW Registered Office Address:  
Suite 300  
Pompano Beach FL 33064

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TALLAHASSEE, FL  
CLERK OF THE DIVISION OF CORPORATIONS

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] Ph.D.  
Signature of a member or authorized representative of a member

Christine Samuil, Ph.D.  
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