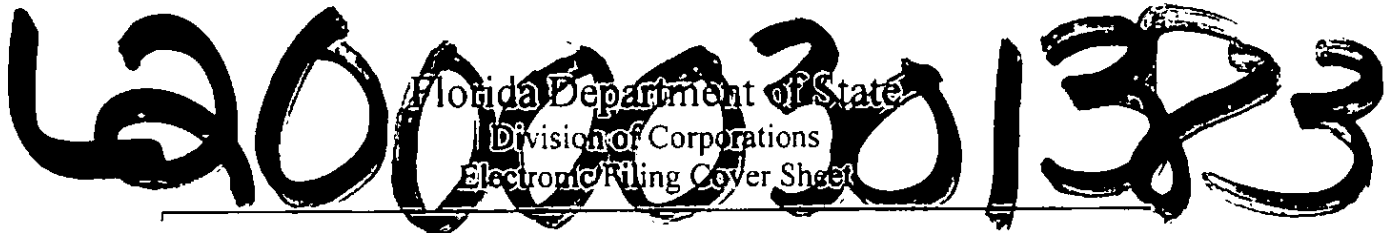


Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5343

****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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**LLC REGISTERED AGENT CHANGE
CATHOLIC THERAPISTS.COM, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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: CATHOLIC THERAPISTS.COM, LLC
2. (a) 4107 Pinewood Rd
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Melbourne, FL 32934
- (b) 681 St. Clair St, #360185
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Melbourne, FL 32935
3. 10/02/2020
Date of filing/registration in Florida
4. L20000301383
Document number
5. (a) Allison Ricciardi
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
681 St. Clair St, #360185
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Melbourne, FL 32935
- (b) BlumbergExcelsior Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
155 Office Plaza Drive, 1st Fl.
NEW Registered Office Address:
Tallahassee, FL 32301

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.

Allison Ricciardi
Signature of a member or authorized representative of a member

Allison Ricciardi

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.

Jose Mojica, Asst. Sec

Signature of Registered Agent

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