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(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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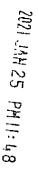
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MAR 0 6 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INDEPENDENCE COUNS Name of Lin	SELING, PLLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
ERIN J. MANKIN Name of Person	
INDEPENDENCE COUNSELING Firm/Company	a
15271 MCGREGOR BLVD, STE 16 Address	<u>#271</u>
FORT MY ERS, FL 339 08 City/State and Zip Code	
EPIN@INDEPENDENCE COUNSELL E-mail address: (to be used for future annual repo	NG · COM rt notification)
For further information concerning this matter, please e	all:
ERIN J. MANKIN at (2) Name of Person	239) 789-5912 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	l:
S25 Filing Fee S25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

I. Na	ame of the limited liability company: INDEPENDEN	JCE COU	NSELING, PLI	-C
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	PENDENCE COUNSELING Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	15271 MCGREGOR BLVD, STE 16 # 27	1 15271	MCGREGOR E	BWD, STE 16#
	FORT MYERS, FL 339.08	FORT	MY BRS, FI	33908
,	11/06/2020		000 353293	
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of St	ate;	
	15271 BALLAST POINT DR.			
	Registered Office Address (MUST BE FLORIDA STREET ADDR			20
	APT 4201			2021
	FORT MYERS, FL 33909 .FL			JAN 25
(h)	ERIN J. MANKIN			 ⊒⊈
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offic	e address:		
				.μ- Θ
	15271 MCGREGOR BLVD		<u> </u>	-
	NEW Registered Office Address:			
	STE 16, #271		_	
	FORT MYERS .FL 3	3908	_	
change agent v was/we the arti	m(). Want	stered office a v company, it limited liabil	nd the business office is hereby confirmed thity company or as othe mpany. J. MANKIN	of the registered at the change(s) rwise provided in
Signa	ture of aumember or authorized representative of a member		Printed or typed name o	f signee
I herei provisi the obl	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for ely reflect a change in the registered office address. I hereb	act in this cap rmance of my in Chapter 60 v controp tha	pacity. I further agree duties, and I am famil 15, F.S. Or, if this doct t the limited liability of	to comply with the liar with and accept iment is being filed minany has been

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

Signature of Registered Agent