Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000180900 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : 120010000062

: (323)962-8600

Fax Number

: (323)962-3889

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email:	Addrace			

LLC REGISTERED AGENT CHANGE INSIGHT REBELLION PSYCHOLOGICAL SERVICES, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

506176383		· Page: 3 of 4	2021-05-05 06 19	:05 PDT	LegalZoom.com	, Inc.	From: Le	aura Rodriguez
٠	?			4	; ;	ı	:	
je do nastalije iz de nastalij			COVER L	ETTER				
	Registration Division of	Section Corporations						
OHNER	INSI	GHT REBELLION	I PSYCHOLOGICA	AL SERVIC	ES, PLLC			
SUBJEC	ــــــ ناب		Name of Limited Li	iability Comp	any			
Dear Sir	or Madam	:						
The encl	losed Regis	tered Agent/Register	ed Office Change and	fee(s) are sub	omitted for filing.			
Please re	eturn all cor	rrespondence concer	ning this matter to the	following:				
						9	202	
Cheye	nne Mose	<u>-</u>				181	NAN 12	
-		Name of Person	ı					•
Legalz	oom.com	, Inc.				75.5E	-5 PM 4:	Į
		Firm/Company				E. 73	ئے ک)
101 N.	Brand B	lvd., 10th Floor				PAR	5	
		Address	<u> </u>					
Glenda	ale, CA 9	1203						
<u></u>	<u> </u>	City/State and Zip	Code					
tiffanyl	blueboxe	s@gmail.com						
E-	mail addres	ss: (to be used for fut	ure annual report noti	fication)				
For furt	her informa	ntion concerning this	matter, please call:					
Cheye	enne Mose	eley	800 at (773-08	88 ext 9724			
	Na Na	ine of Person	(11 (Area Code	& Daytime Telep	hone Numbe	er	
	Registration Division of Clifton But 2661 Execution Execution 2661 Execution Registration and Provided	f Corporations	Ri D P.	IAILING AD egistration Se ivision of Cor O. Box 6327 allahassee, Flo	ction porations			
	Enclosed	is a check for the fo	llowing amount:					
	□ \$25 Fili	ng Fee	Ø 9	555 Filing Fee	& Certified Copy	Ÿ		
INHS18	3 (2/14)							

To: 18506176383 • Page: 4 of 4 2021-05-05 06:19:05 PDT LegalZoom.com, Inc. From: Laura Rodriguez

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: INSIGHT	REBELLION PSYC	HOLOGICAL SERVICES, PLLC				
?. (a)	981 HWY 98 EAST	981 HV	VY 98 EAST				
., (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STATE 2. 195				
	SUITE 3-185	SUITE :					
	DESTIN, FL 32541	DESTIN	DESTIN, FL 32541				
	11/24/2020	L200003	70874				
3.	Date of filing/registration in Florida	4.	Document number 2				
	RODRIGUEZ, ANGELICA		Document number 2021 HAY				
5. (a)	Registered Agent and Registered Office shown on the record	Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
	1012 JEFFREY ST						
	Registered Office Address (MUST BE FLORID 1 STRE	OF S					
	BOCA RATON		TATE				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 5575 S. Semoran Blvd.						
	NEW Registered Office Address:						
	Suite 36						
	Orlando	FL 32822					
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membicles of organization or the operating agreement or	ne laws of the State of F ess of the registered offi- ted liability company, it pers of the limited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Soria				
-	ature of a member or adhorized representative of a member		Printed or typed name of signee				
provis the ob to me	thy accept the appointment as registered agent unditions of all statutes relative to the proper and complications of my position as registered agent as provide reflect a change in the registered office addressed in virtual of this change. CHEYENNE MOSELEY, ASSISTANT SECK STATES CONTORATION AGENTS INC.	picte performance of m wided for in Chapter 60 ss. I hereby confirm tha ETARY.UNIED	pacity. I further agree to comply with the v duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed in the limited liability company has been				
Signal	are of Registered Agent						