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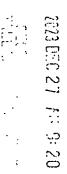
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO: Registration Section Division of Corporations								
Inner Reins Counseling								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.							
Please return all correspondence concerning this ma	atter to the following:							
Valerie O. Pullen								
Name of Person								
Inner Reins Counseling								
Firm/Company								
2812 Serenity Circle S.								
Address								
Fort Pierce, FL. 34981								
City/State and Zip Code								
innerreinscounseling@gmail.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, ples	ase call:							
Valerie Pullen	772 222-7216							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following am	ount:							
\$25 Filing Fee	□ \$55 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.

1. Na	ame of the limited liability company:	Counsel	ing			
2. (a)	2812 Serenity Circle S.	(h	2812 Serenity Circle S			
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5		-	limited liability company: E POST OFFICE BOX)	
	Fort Pierce, FL. 34981		Fort Pie	rce, FL. 3498	81	
	02/15/2021		L210000	76873		
3. 5. (a)	Date of filing/registration in Florida Valerie Pullen	4.		Document nur	nber	
(-)	Registered Agent and Registered Office shown on the records of 2812 Serenity Circle S	the Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	1	-		
	Fort Pierce , FL	3491		-	1003 UT	
(b)	Valerie Pullen				(27	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>lress</u> :			
	2812 Serenity Circle S				<u>ب</u> د	
	NEW Registered Office Address:			_	20	
	Fort Pierce, FL. 34981		•	-		
		, _		_		
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the limi limited li	tered office mpany, it is ited liability	e and the busing s hereby confir y company or a npany.	ess office of the registered med that the change(s)	
Tignat	ure of a member or authorized representative of a member		ene i dilei	Printed or typed:	name of signee	
I hereb provision the obli to mere potifica	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change. Lin writing of this change.	ee to act performa d for in C hereby co	in this cape ince of my c hapter 605 nfirm that	acity. I further duties, and I an i, F.S. Or, if th the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been	