

L21 000 ZHH ZHS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

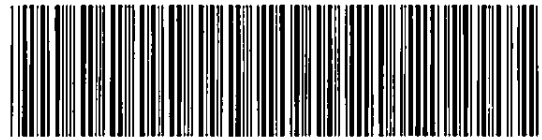
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500404079475

03/09/23--01009--009 \*\*25.00

2023 MAR 9 PM 2:14  
STATE  
TALLAHASSEE FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Therapy By Davis Counseling, LLC

\_\_\_\_\_  
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:

MICHAEL Davis

\_\_\_\_\_  
Name of Person

Therapy By Davis Counseling, LLC

\_\_\_\_\_  
Firm/Company

902 NE 39TH ST UNIT A

\_\_\_\_\_  
Address

Oakland Park, FL 33334

\_\_\_\_\_  
City/State and Zip Code

Michael.davis@therapybydavisconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Davis

616 848 1918  
at ( )

\_\_\_\_\_  
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

2023 MAR -9 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: <u>Therapy By Davis Counseling, LLC</u>	
2. (a) <u>THERAPY BY DAVIS COUNSELING</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>902 NE 39TH ST UNIT A</u> <u>OAKLAND PARK, FL 33334</u>	(b) <u>MICHAEL DAVIS</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>902 NE 39TH ST UNIT A</u> <u>OAKLAND PARK, FL 33334</u>
3. <u>05/25/2021</u> Date of filing/registration in Florida	4. <u>L21000244245</u> Document number
5. (a) <u>JAMES RIDOUT CPA</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>JAMES RIDOUT CPA</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>2159 WILTON DRIVE</u> <u>WILTON MANORS</u> , FL <u>33305</u>	
(b) <u>JERRY DAVIS</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>JERRY DAVIS</u> <u>NEW Registered Office Address:</u> <u>902 NE 39TH ST UNIT A</u> <u>OAKLAND PARK</u> , FL <u>33334</u>	

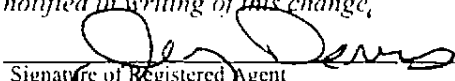
2023 MAR -9 PM 2:14  
STATE  
TALLAHASSEE, FL

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 of a member or authorized representative of a member

MICHAEL DAVIS  
\_\_\_\_\_  
Printed or typed name of signee

*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 of Registered Agent