62166351112

(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



300423942773

02,/20/24--01015--023 **35.00



DE/20/24

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Logos Therapy (Name of Limite	Group LLC ed 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:	
Mayia E. Munoz Name of Person		
Logos Therapa Group LL Firm/Company		
8950 Sw 152 dst soite 1	07	
Palmetto Bay, Fl 3315- City/State and Zip Code	<u>7</u>	
L-mail address: (to be used for future annual apport n	ail. Com sotification)	
For further information concerning this matter, please call:		
Maria E. Muno at (78) 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	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.

	py Group LLC Parmetto Bush
2. (a) 8950 SW 152nd St. Palmotto 1004 (b) 80 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	950 SW 152 St. 33157 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
8/3/2021	L21000351112
Date of filing/registration in Florida 4. (a) Solegel & Otrera P.A. Registered Agest and Registered Office shown on the records of the Florida Dept.	Document number of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Miam) FL 3314	<u>5</u>
(b) Maria E. Munoz. Enter name of NEW Registered Agent and/or NEW Registered Office address:	; ; ;
8960 SW162nd St Stitle107 NEW Registered Office Address:	
Palmetto Bay FL 3315	<u></u>
f the limited liability company is not organized under the laws of the State hange or changes are made, the Florida street address of the registered off igent will be identical. Or, in the case of a Florida limited liability comparivas/were authorized by an affirmative vote of the members of the limited line articles of organization or the operating agreement of the limited liabili	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
^ ^ T	Na E - Munoz Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chapt of merely reflect a change in the registered office address, I hereby confirmation of this change.	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signature of Registered Agent	