

121 000 374 255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

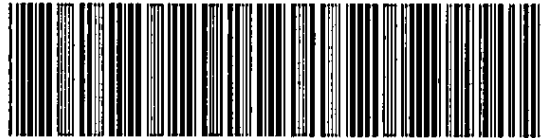
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SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Callen Presswood, LCSW PLLC
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:

Callen Presswood
Name of Person

Callen Presswood, LCSW PLLC
Firm/Company

4046 N. Goldenrod #189
Address

Winter Park, FL 32792
City/State and Zip Code

CallenpresswoodLCSW@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Callen Presswood at 407, 914-5235
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

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.

3. 08/20/2021 Date of filing/registration in Florida

4. L 21 000374255 Document number

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
WINTER PARK, FL 32789

_____, FL

(b) Callen Presswood
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4046 N. Goldenrod #189
NEW Registered Office Address:
Winter Park, FL 32792
_____. FL

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TALLAHASSEE, FLORIDA

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

Printed or typed name of signee
Callen Presswood

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.

Callen Presswood
Signature of Registered Agent