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COVER LETTER

TO: Registration Section Division of Corporations	•						
SUBJECT: TCC PSychotherapy, LC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and f	fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the fo	ollowing:						
Tynashkee Chapman-Co	<u>o</u> lbert						
TCC Psychotherapy, LLC							
Firm/Company	- 20 20						
12348 SW Nettund Way Address	DH DEC 1						
Port Saint Lucie, FL 349 City/State and Zip Code	SECRETARY OF STATE STALL AHASEE, FL						
tynashkee@tccpsychothe	erapy com						
For further information concerning this matter, please call:	autony						
Tynashkee Chapman at 401 Name of Person	527-4796 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						

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

S25 Filing Fee

Enclosed is a check for the following amount:

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.

		•			·
I. Na	Name of the limited liability company: TCC PSyChOHN	rera!	PUTIL	rc	
2. (a)	12348 SW Nettuno Way (b) 1234	r8 5	n Ne	 Huno	Way
,	· · · · · · · · · · · · · · · · · · ·	dailing add	ress of limite <u>AY BE POS</u>	d liability co	mpany:
	Port Saint Lucie, FL 34987 Por	rt S	aint	Luci	eifl
			- 		34987
	Oct. 7,2021 L2	L100	0439	622	
3.		Documer	t number		·
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State	- *;			
	408 S. Broughton Ct.	•		د~	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	•	41 233	2024 DEC	क्ष ा व ी
)330	enters
	Boynton Beach FL 33434	-	AH O	19	and AS
	, rt <u> </u>	•	35.5 25.5 25.5		ا الله الله الله الله الله الله الله ال
(b))			MN 10: 07	· aur e 3
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		-11	07 살음	
	12348 SW Nettuno Way				
	NEW Registered Office Address:	•			
	Port Saint Lucie FL 34987				
change agent v was/wo	limited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability ticles of organization or the operating agreement of the limited liability company.	I the busing the hereby company pany.	ness office onfirmed the or as other	of the reg hat the cha crwise pro	istered inge(s) vided in
Signal	nature of a member or authorized representative of a member	Printed or	typed name o	of signee	in - collhert
provisi the obl to mere	eby accept the appointment as registered agent and agree to act in this capa sions of all statutes relative to the proper and complete performance of my d bligations of my position as registered agent as provided for in Chapter 605, rely reflect a change in the registered office address. I hereby confirm that the ed in grange of this change.	city. I fu luties, and F.S. Or, he limited	rther agree l I am fami if this doc l liability c	e to comply liar with comment is be company he	v with the ind accept seing filed as been