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Tc	: Division of Corporations		
	Fax Number : (850) 617-	·6383	
Fr	om: Account Name : TRENAM, K	KEMKER, SCHARF, BARKIN, FRYE, O'S	VEILL 8
	Account Number : 076424003 Phone : (813)223- Fax Number : (813)227-	3301 -7474 -0435 22-2123/EA	AA :: AA
	er the email address for this bu annual report mailings. Enter or	siness entity to be used for fut nly onc email address please.**	ture!; =
	Email Address: tgood@ti	renam.com	الله الله الله الله
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<u></u>	LLC REGISTERED KERI BAKER CO		
2022 (16. 17. 16. 17.	KERI BAKER CO	DUNSELING LLC	
	KERI BAKER CO Certificate of Status	DUNSELING LLC	

JUN 16 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

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Erin Smok alber

(((H22000209897 3)))

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.

(a)			(b))				
1 -7		of limited liability company: STREET ADDRESS		, 	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	15616 Deerglen Drive			15616 C	Deerglen Drive			
	Tampa, FL 33624			Tampa,	F1. 33624			
					L221111	109.30		
	Date of filing/regi	stration in Florida	4.		Document number	1100~		
(a)	United States Corporation A	gents, Inc.						
(4)	Registered Agent and Registered	Office shown on the records	of the Florida	Dept. of S	tate:			
	5575 S. Semoran Boulevard	36						
(b)	Registered Office Address (A							
	Orlando	,1	32822 FL		<u> </u>	2022		
	TK Registered Agent, Inc.					HUL HUL		
	Enter name of NEW Registered		्रांड्र क					
	101 E. Kennedy Boulevard, Suite 2700							
	NEW Registered Office Address	s:				ာ မ		
	Татра		33602					
the li	imited liability company is	not organized under the l	aws of the	State of l	— Florida, it is hereby co	nfirmed that after th		
ent v is/we	or changes are made, the F will be identical. Or, in the ere authorized by an affirmaticles of organization or the control of	case of a Florida limited itive vote of the members	liability cor s of the lim:	mpany, i ited liabi	t is hereby confirmed t lity company or as oth	that the change(s)		
	in Smit alber	- -			Authorized Representat	ive		
					Printed or typed name			

_____ orporations P.O. Box 6327 Tallahassee, FL 32314