

L22000044611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

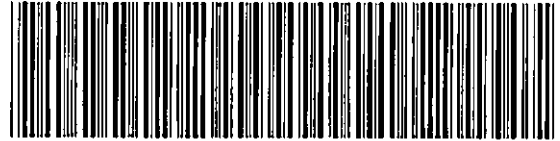
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG 20 2023

Office Use Only



600413519946

08/08/23--01007--006 \*\*25.00

FILED  
SECRETARY OF STATE  
2023 AUG -8 AM 9:43

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grow & Evolve 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:

Silvana L. Rainuzzo

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

Grow & Evolve Counseling, LLC

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

HDC Executive Suites, 2719 Hollywood Blvd., #L-115

\_\_\_\_\_  
Address

Hollywood, FL 33020

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

Silvana.Counselor.LMHC@gmail.com

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

For further information concerning this matter, please call:

Silvana Rainuzzo

954

408-4834

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

**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: Grow & Evolve Counseling, LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

5420 Northeast 22nd Terrace, Unit 7

5420 Northeast 22nd Terrace, Unit 7

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

01/25/2022

1.22000044611

3. Date of filing/registration in Florida 4. Document number

5. (a) Silvana L. Ramirez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Silvana L. Ramirez

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

5420 Northeast 22nd Terrace, Unit 7

Fort Lauderdale, FL 33308

(b) Silvana L. Rainuzzo

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

HDG Executive Suites

**NEW** Registered Office Address:

2719 Hollywood Blvd., #L-115

Hollywood, FL 33020

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.

Silvana Rainuzzo

Silvana L. Rainuzzo

Signature of a member or authorized representative of a member

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.*

Silvana Rainuzzo

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
2023 AUG -8 AM 9:43