

L22000128829
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(Requestor's Name)

(Address)	
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(Address)	
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(City/State/Zip/Phone #)

☐ MAIL

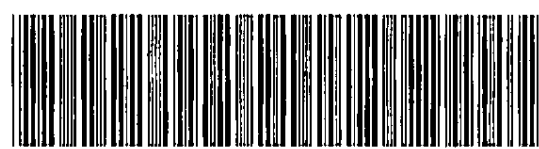
(Business Entity Name)

(Document Number)

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1. Salvatore

2022 OCT -5 PM 4:34

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine Family Psych & Wellness  
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:

Kimberly Hyatt Miller, ARNP/CEO Owner  
Name of Person

Sunshine Family Psych & Wellness  
Firm/Company

4388 Commercial Way  
Address

Spring Hill, FL 34606  
City/State and Zip Code

Kim NP @ sunfamwell.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Hyatt Miller at ( 727 ) 278-6445  
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: Sunshine Family Psych & Wellness
2. (a) 4388 Commercial Way  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Spring Hill, FL 34606
- (b) 4388 Commercial Way  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Spring Hill, FL 34606
3. 3/15/2022  
Date of filing/registration in Florida
4. 222000128829  
Document number
5. (a) Kimberly Hymler (OWNER)  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
7646 Brookline St.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Westley Chapel, FL 33544  
FL \_\_\_\_\_
- (b) Lisa Lynn Balderstone  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4388 Commercial Way  
NEW Registered Office Address  
Spring Hill, FL 34606  
FL \_\_\_\_\_

FILED  
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TALLAHASSEE, FL

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.

Kimberly Hymler  
Signature of a member or authorized representative of a member

Kimberly Hymler ARNP  
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.

[Signature]  
Signature of Registered Agent