

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002877363)))



H220002877363ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC REGISTERED AGENT CHANGE SECOND STARLIGHT COUNSELING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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

rı	oriac						_	
1.	Na	me of the limited liability company: $\frac{S}{2}$	Second S	<u>Starl</u>	ight Co	unseling, LLC	<u> </u>	
2.	(a)			((b)			
(u)		Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
06/09/22		06/09/22	L2200			0265530		
3.		Date of filing/registration in I	Florida	4.		Document number		
5	(4)	ROBERTSON, DANIELLE	R					
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State				- e:		
		5328 TROUBLE CREEK R	:D					
		Registered Office Address (MUST BE FLE	ORIDA STREET	ADDRE:	<u>SS)</u>	-		
		NEW PORT RICHEY	, FI	3465	52		2022	
	(b)	Registered Agents In-	C.				1022 AUG 25	APPI FII
(0)		Enter name of NEW Registered Agent and/or	· 원취		- E PRC			
		7901 4th St N				: FLS: - FLS:	PM 3: 2"	ROVEU LED
		NEW Registered Office Address:				The state of the s	7	
		STE 300				· · · ·	7	
		St. Petersburg	, Fl	3370)2	_		
the ag wa	e cha ent v as/wa	imited liability company is not organize inge or changes are made, the Florida s will be identical. Or, in the case of a Florie authorized by an affirmative vote of cles of organization or the operating ag	treet address of orida limited li f the members (f the regiability of the li	gistered office company, it is mited liabilit I liability con	e and the business offic s hereby confirmed that y company or as othery	e of the the ch	e registered iange(s)
_		Rilmy Tark.	r	<u> </u>	iley Park	Printed or typed name of s		
	-	ture of a member or authorized representative of		ras to r	at in this area			do mith the
pr the to	ovisi e obl mer	by accept the appointment as registered ons of all statutes relative to the prope igations of my position as registered a ely reflect a change in the registered of d in writing of this change.	r and complete gent as provida fice address, l	ree 10 a perfor d for in hereby	mance of my Chapter 605 confirm that	actives, i juriner agree to duties, and I am familio 5, F.S. Or, if this docum the limited liability con	r with rent is rpany	and accept heing filed has been

Signature of Registered Agent

Bill Havre

- Assistant Secretary