

L22 000 273 912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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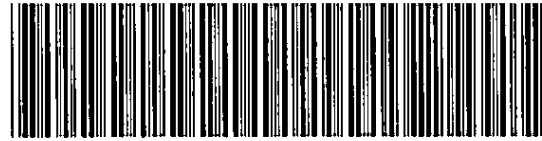
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2023

SAMANTHA JACOBSON
1210 EAST PARK AVENUE
TALLAHASSEE, FL 32301

SUBJECT: SAM JAY COUNSELING SERVICES, PLLC
Ref. Number: L22000273912

We have received your document for SAM JAY COUNSELING SERVICES, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 323A00006288



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sam Jay Counseling Services, PLLC

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:

Samantha Jacobson

Name of Person

Sam Jay Counseling Services, PLLC

Firm/Company

1210 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip Code

samjayy@gmail.com

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

For further information concerning this matter, please call:

Samantha Jacobson

850 631-1872
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: Sam Jay Counseling Services, PLLC
2. (a) 1210 East Park Avenue
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Tallahassee, FL 32301
- (b) 1210 East Park Avenue
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Tallahassee, FL 32301
3. 6/15/2022
Date of filing/registration in Florida
4. 1.22000273912
Document number
5. (a) Rachel Greene
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1020 E. Lafayette Street Ste 113
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) Samantha Jacobson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1210 East Park Avenue
NEW Registered Office Address:
Tallahassee, FL 32301

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.

[Signature]
Signature of a member or authorized representative of a member

Samantha Jacobson

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