Florida Department of State

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.

(((H23000182988 3)))



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

	S													
-	**Fnter	the	email	address	for	this	husine	226	entity	to	be i	used	for	future
\circ	#10%		CIIICII	0001033		(11.23	0031110		circity		~~	5544	. 01	
	**Enter	nual	repor	t mailin	QS.	Enter	only -	one	email	add	ress	: ple	ase.	**
	F-40		•		_		•							

Email Address:

LLC REGISTERED AGENT CHANGE THE KIND THERAPIST LLC

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

Electronic Filing Menu

Corporate Filing Menu

1/1

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: 1 ne	e Kind Therapist LLC
Principal office address of limited liability of (Note: MUST BE STREET ADDRES) 7901 4th St N STE 300	ompany: Mailing address of limited liability company:
St. Petersburg FL 33702	St. Petersburg FL 33702
10/31/2022 3. Date of filing/registration in Florid 5. (a) CHARNEY, PAMELA	L22000467751 la 4. Document number
Registered Agent and Registered Office shown on the 1901 CONGRESSIONAL WAY Registered Office Address (MUST BE FLORID)	
DEERFIELD BEACH (b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW	. FL 33442 Registered Office address:
7901 4th St N NEW Registered Office Address: STE 300	7 PH 5: 40
St. Petersburg	, _{FL} 33702
the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the the articles of organization or the operating agreen	der the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the register. Iimited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in the limited liability company.
Signature of a member or authorized representative of a me	Robin Jones Printed or typed name of signee
provisions of all statutes relative to the proper and he obligations of my position as registered agent o merely reflect a change in the registered office of an ified in writing of this change.	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accusts provided for in Chapter 605, F.S. Or, if this document is being file address, I hereby confirm that the limited liability company has been Assistant Secretary

Signature of Registered Agent