## L23000324111

(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
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## COVER LETTER,

COVER LETTER, "		
TO: Registration Section Division of Corporations		
SUBJECT: Finding Me Trauma Free 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:		
Heidi Brown Name of Person		
Finding Me Trawna Free Firm/Company		
7901 4th St N. STE 300 Address		
St. Petersburg, PL 33702 City/State and Zip Code		
<u>heid a findingmetraumatre</u> . com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Heid' Brown at (774) 644-6683  Name of Person Area Code & Daytime Telephone Number	_ ber	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\Bigsig \\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

I. Na	me of the limited liability company: Finding Me Trauma Free
2. <b>(a)</b>	(b)
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7901 4th St. N. STE 300 7901 4th St. N. STE 300
	St. Petersburg, FL 33702 St. Petersburg, FL 33702
	7/10/2023 L23000324111
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	68 Yellow fin Doire
	St. Augustine FL 32095
	21. 7. 1. 20 15 E III
(b)	David Roberts
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Registered Agents Inc.  NEW Registered Office Address:
	7901 4th St. N. STE 300
	St. Petersburg, Fl. 33702
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.  Hedi A Brown  Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Signature of Registered Agent