

L 24000108233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

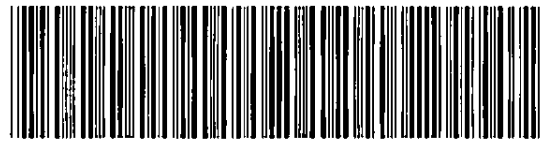
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Joan Jones Counseling Center

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:

Joan Jones

Name of Person

Dr. Joan Jons Counseling Center

Firm/Company

3035 SE Maricamp Road #104-195

Address

Ocala, FL 34471

City/State and Zip Code

drjayjay46@gmail.com

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

For further information concerning this matter, please call:

Joan Jones

352

537-4401

Name of Person

at (_____) _____

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

To: Florida LLC agent

Date: 4/3/2024

Re: Agent address

We just discovered that my home address is made public with the company LLC and this cannot be made available to patients with mental health issues. When completing the LLC, we tried just using the mailing address but were asked to put the agent's home address, but we did not think it would be public information.

Dr. Joan Jones Counseling Center is an online therapy company and does not have a physical location because there will be no face-to-face sessions.

It is very dangerous for the therapist's home address to be made available to clients with mental health issues to have direct access to the therapist. If there was a physical building, then that address would be public and never the therapist's home address, putting the therapist and family in the line of danger.

Your help in rectifying this immediately is greatly appreciated.

Thank you,

A handwritten signature in black ink, appearing to read "Joan Jones", written over the printed name.

Dr. Joan Jones

PS: I am not able to launch my website to the public until the personal information is replaced.

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: <u>Dr Joan Jones Counseling Center</u>	
2. (a) <u>3035 SE Maricamp Road #104-195</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>3035 SE Maricamp Road #104-195</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>Ocala</u>	<u>Ocala</u>
<u>FL 34471</u>	<u>FL 34471</u>
3. <u>3/01/2024</u> Date of filing/registration in Florida	4. <u>L24000108233</u> Document number
5. (a) <u>Joan Jones</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>411 Hickory Course Loop</u> <u>Ocala, FL 34472</u>	
(b) <u>Joan Jones</u> Enter name of NEW Registered Agent and/or NEW Registered Office address : <u>NEW Registered Office Address:</u> <u>3035 SE Maricamp Road #104-195</u> <u>Ocala, FL 34471</u>	

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

<u>Joan Jones</u> Signature of a member or authorized representative of a member	<u>Joan Jones</u> Printed or typed name of signer
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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.

Joan Jones
Signature of Registered Agent