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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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	J. HODA
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TO THE PARTY OF TH

## COVER LETTER "

TO:	Registration Section Division of Corporations				
SUBJ	Mulligan Counseling LLC				
Name of Limited Liability Company					
Dear S	iir or Madam:				
The er	closed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning to	his matter to the	following:		
Micha	el Holder				
	Name of Person		<del></del>		
Mullig	an Counseling LLC				
	Firm/Company		<del>_</del>		
1212 N	W 12th Ave. Ste C4				
	Address		_		
Gaines	wille, FL 32601				
	City/State and Zip Code				
michae	el.holder.counseling@gmail.com				
H	-mail address: (to be used for future an	nual report notif	ication)		
For fu	rther information concerning this matter	r, please call:			
Michae	el Holder	352 at (	283-1412		
	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 followin	g amount:			
	□ \$25 Filing Fee	■ \$	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.

1. N	ame of the limited liability company:	ling LL	С	
2. (a)	NORTHWEST REGISTERED AGENT LLC		NORTHWEST REGI	STERED AGENT LLC
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing addr (Note: Ma	ess of limited liability company:  4Y BE POST OFFICE BOX)
	7901 4TH ST N STE 300		7901 4TH ST N STE	300 
	ST. PETERSBURG, FL 33702		ST, PETERSBURG, F	FL 33702
	5/14/2024		1.24000223948	
3.	Date of filing/registration in Florida	4.	Document	t number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of NORTHWEST REGISTERED AGENT LLC	the Flori	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N STE 300	ADDRE.	<u>SS)</u>	
	St. Petersburg, F	33702		2024
(b)				<b>三</b>
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	address:	
	Michael Flolder			FILED 2024 JUCH FILG
	NEW Registered Office Address:			0.
	1212 NW 12th Ave. Ste C4			<del>1</del>
	Gainesville	32601		
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the members.	registe ability of of the li limited	red office and the busin company, it is hereby co mited liability company	ess office of the registered on firmed that the change(s)
Signa	ture of a member or authorized representative of a member		Printed or t	yped name of signee
provisi he obl	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	ct in this capacity. I fur, nance of my duties, and Chapter 605, F.S. Or, confirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
Signatu	Muchael Solder tre of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

## 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.

١.	Na	me of the limited liability company: Mulligan Couns	eling LLC	-			
2. (a		NORTHWEST REGISTERED AGENT LLC		b)		EST REGISTERED A	
·	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	,	M	lailing address of limited	
		7901 4TH ST N STE 300			7901 4TH S	ST N STE 300	
		ST. PETERSBURG, FL 33702			ST. PETER	SBURG, FL 33702	
		5/14/2024		١	L240002239	48	
3.		Date of filing/registration in Florida	4.		[	Document number	
5. (	a)						
J. (	۵,	Registered Agent and Registered Office shown on the records o NORTHWEST REGISTERED AGENT LLC	f the Florid	la [	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4TH ST N STE 300					,-11.i
		St. Petersburg	L				ا ا
							<b>f</b> ⁻} '
(i	)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddı			
		Michael Holder					կ։ 05
		NEW Registered Office Address:		_	<del></del>		
		1212 NW 12th Ave. Ste C4					
		Gainesville F	L				
agen was/	ge t w we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the Inchest Linda.	e register iability co of the lin e limited	ed om nit lia	office and pany, it is led liability	the business office of hereby confirmed the company or as other	of the registered
Sig	nat	ure of a member or authorized representative of a member				Printed or typed name of	signee
I he prov the o to mo notif	ret isio bli ere iea	by accept the appointment as registered agent and agent on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in ( hereby c	t ir ean Ch on	i this capac ce of my di apter 605, firm that th	city. I further agree uties, and I am famil F.S. Or, if this docu e limited liability co	to comply with the iar with and accept iment is being filed impany has been
Signa	itur	e of Registered Agent					