

M060000006170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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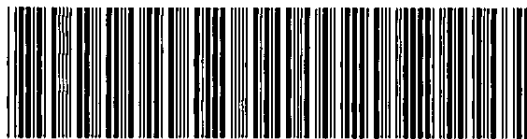
(Business Entity Name)

(Document Number)

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01/08/14--01002--022 \*\*25.00

RECEIVED

14 JAN -8 PM 1:03

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

14 JAN 31 PM 1:59

SECRETARY OF STATE  
TAMPA, FLORIDA

JAN 31 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVIDENCE BASED ASSOCIATES, LLC  
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:

CYNTHIA HENDERSON, Attorney At Law

Name of Person

CYNTHIA HENDERSON, Attorney At Law

Firm/Company

411 Meridian Place

Address

Tallahassee, FL 32303

City/State and Zip Code

dfranty@franty.com

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

For further information concerning this matter, please call:

Donald Franty, CPA

at ( 724 ) 731-0150

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2014

CYNTHIA HENDERSON, ATTORNEY AT LAW  
411 MERIDIAN PLACE  
TALLAHASSEE, FL 32303

SUBJECT: EVIDENCE BASED ASSOCIATES, LLC  
Ref. Number: M06000006170

We have received your document for EVIDENCE BASED ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 814A00000559

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, 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: Evidence Based Associates, LLC

2. (a) Principal office address of limited liability company: 710 J. Dodds Blvd  
Mt. Pleasant, SC  
29564  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

3. Date of filing/registration in Florida: 11/06/2006

4. Document number: MO6000006170

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Rd  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Cynthia Henderson

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

411 Meridian Pl  
Tallahassee, FL  
32303

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 of a member or authorized representative of a member

Cynthia Henderson

Printed or typed name of signer

*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 603, 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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)

14 JAN 31 PM  
FILED  
APPROVED