M15000000 497

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(Address)				
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PICK-UP WAIT MAIL				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: November 29, 2018

Order#: 489788-055

Re: MYTHERAPYCOMPANY LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25....

Please take the following action:

XX File in your office on a routine basis.

·XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	ame of the limited liability company: MYTHERAPY	YCOMPANY	LLC
2 (a)	2586 Trailridge Dr. East Ste 100	(b)	2586 Trailridge Dr. East Ste 100
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Lafayette, CO 80026		Lafayette, CO 80026
	01/20/2015		M15000000497
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		. 7
	Registered Office Address (MUST BE FLORIDA STREE	ZILL SECOND	
	PLANTATION	FI, 33324	———
(b)	Corporation Service Company	_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office addr</u>	**** 5
	1201 Hays Street		•
	NEW Registered Office Address:		
	Tallahassee J	FL_32301	
the cha agent was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the operating agreement operating agreem	of the registe liability con s of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Xiu E. Cienii	Jill Ci	lmi, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	igree to act i ie performai ded for in Ch I hereby cor	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signatu	ire of Registered Agent Corporation Service Company	z BY: Gra	ace E. Kirby, Assistant Vice President