M16000008705

(Requestor's Name	e)
(Address)	
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(Address)	
(City/State/Zip/Pho	one #)
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(Business Entity N	ame)
(Document Numbe	er)
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A. BUTLER
DEC - 5 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: Decen	nber 02, 2022	— Account#: 12000000000
Name:	KEN	<u> </u>
Reference #:	1839275	
Entity Name:	MULTISYS	TEMIC THERAPY SERVICES, LLC
Articles of Ir	ncorporation/Auth	orization to Transact Business
Amendmen	t	
✓ Change of A	Agent	ISSUES? CALL
Reinstateme	ent	KEN:
Conversion	518-213-0738	
Merger		
☐ Dissolution/	Withdrawal	
Fictitious Na	ame	
Other		
Authorized Am	nount: \$2	25.00
Signature:		



December 02, 2022

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:	,	- _			
Name:	KEN				
Reference #:	183927	5			
Entity Name:	MULTISYS	STEMIC T	HERAF	PY SEF	RVICES, LLC
Articles of In-	corporation/Aut	thorization to	Transac	ct Busine	SS
Amendment					
Change of A	gent				ISSUES? CALL
Reinstatement			KEN:		
Conversion					518-213-0738
Merger					
☐ Dissolution/\	Withdrawal				
☐ Fictitious Na	me				
Other					
Authorized Amo	ount:	\$25.00			
Signature:	.				
Signature:	,		<u>_</u>	•	

+44 (0)20.3786.1090

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

(e)		(b)	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	October 31, 2016		M16000008705
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
, (4,	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:
	1200 South Pine Island Road		20
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	1022 DEC -2
	Plantation, F	33324	
(b)	COGENCY GLOBAL INC.		
• •	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	05
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_{L_} 32301	
the ch agent was/w	limited 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 were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Stat of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/	s/ Marc Benesh	Ma	arc Benesh
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis he ob o mei	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and complet digations of my position as registered agent as provia rely reflect a change in the registered office address, ad in writing of this change.	gree to act in t le performance led for in Chap I hereby confir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
•	othy Mayville		

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.

1. N	ame of the limited liability company: MULTIS	YSTEMIC TH	ERAPY SERVICES, LLC
2. (a)		(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)
	No Change	<u>N</u>	lo Change
	October 31, 2016		M16000008705
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CT Corporation System		
(Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRE	SET ADDRESS)	
	Plantation	, FL_33324	2022 DEC
(b)	COGENCY GLOBAL INC.		2
(0,	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addre	•
	115 North Calhoun St., Suite 4		75 To 10 To
	NEW Registered Office Address:		
	Tallahassee	, FL 32301	
the chagent was/v	limited 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 limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the register ed liability comp ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	/s/ Marc Benesh	N	larc Benesh
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp oligations of my position as registered agent as pro rely reflect a change in the registered office addres ed in writing of this change.	l agree to act in olete performand wided for in Cha ss, I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	othy Mayville	_	
Signat	ure of Registered Agent		