

M19 000006206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

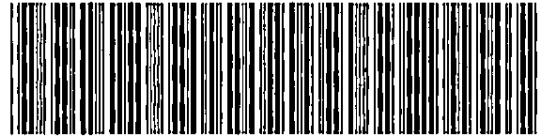
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700372025157

2021 SEP -3 AM 7:49

FILED

RA/Rc/chs

SEP 16 2021  
I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dr. Joanna E. Morse, 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:

Joanna Morse

Name of Person

Dr. Joanna E. Morse, LLC

Firm/Company

4211 Poplar Level Rd. #202

Address

Louisville KY 40213

City/State and Zip Code

joanna@therapysecure.com

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

For further information concerning this matter, please call:

Joanna Morse at (502) 208-1678  
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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Dr. Joanna E. Morse, LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
(Note: ***MUST BE STREET ADDRESS***)

4211 Poplar Level Rd. #202

Louisville KY 40213

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

4211 Poplar Level Rd. #202

Louisville KY 40213

3. 6-25-2019  
Date of filing/registration in Florida

4. M19000006206  
Document number

5. (a) B.T. Joanna E. Morse, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Joanna Morse

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

911B S. Parsons Ave.

Brandon \_\_\_\_\_, FL 33511

(b) Registered Agents, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

:VTC

**NEW** Registered Office Address:

7901 4th St. N, Suite 300

St. Petersburg 33702  
FL

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.

J. M. Moore, Esq., D.  
Signature of a member or authorized representative of a member

Printed or typed name of signee  
Joanna E. Morse, Psy.D.

Thereby 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.

Signature of Registered Agent

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