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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 Phone Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE LIGHTHOUSE ONLINE THERAPY SERVICES LLC

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2/2/2024 10:28:55 PST - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 813436520

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.

2. (a) _	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	Principal office address of limited fiability company:		Mailing address of limited liability company:
_	02/27/23		000002511
3.	Date of filing/registration in Florida	45.	Document number
ə. (a) "	UNIVERSAL REGISTERED AGENTS, INC.		
R	Registered Agent and Registered Office shown on the records of the	ie Florida Dept	t, of State:
	1317 CALIFORNIA STREET		~2
ŀ	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	2024 FEB
-	TALLAHASSEE . FL	32304	
(b) _	Northwest Registered Agent LLC		SSEE AM 9
E	inter name of NEW Registered Agent and/or NEW Registered C	Office address	
	7901 4th St N		
<u>.</u>	NEW Registered Office Address:		
-	STE 300		
_	St. Petersburg . FL	33702	
the chan agent wi was/wer	nited liability company is not organized under the law go or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited lial e authorized by an affirmative vote of the members of les of organization or the operating agreement of the law.	the registere bility compa the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signatui	Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby provisión the oblig to merely	e accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p cations of my position as registered agent as provided y reflect a change in the registered office address, I had in writing of this change.	verformance for in Chap ereby confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accent
-/-/-	of Registered Agent Taylor Newman - Assistant Se	cretary	