

PD40000017446

(Requestor's Name)

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(Business Entity Name)

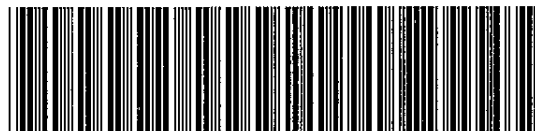
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3/30/04



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03/08/04--01070--004 **35.00

FILED
04 MAR 29 PM 1:10
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2004

SANDRA M. KLEIN
KLEIN PSYCHOASSESSMENTS, INC.
1835 NE MIAMI GARDENS DR. #342
NORTH MIAMI BEACH, FL 33179

SUBJECT: KLEIN PSYCHASSESSMENTS, INC.
Ref. Number: P04000017446

We have received your document for KLEIN PSYCHASSESSMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 004A00016365

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Klein PsychAssessments, Inc.

(Name of corporation)

DOCUMENT NUMBER: P04000017446

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra M. Klein

(Name of person)

Klein PsychAssessments, Inc.

(Name of firm/company)

19940 NE 24th Avenue (This is the address filed with the State, however, it is not the correct address.)

(Address)

Miami, FL 33180 (The correct address is on page 2, #6

(City/state and zip code)

For further information concerning this matter, please call:

Sandra M. Klein

(Name of person)

at (305) 527-5444

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA
STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Klein PsychAssessments, Inc.
2. The principal office address: 1835 NE Miami Gardens Drive, #342
North Miami Beach, FL 33179
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 01/26/2004 Document number: P04000017446
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sandra M. Klein

19940 NE 24th Avenue

Miami, FL 33180

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sandra M. Klein

1835 NE Miami Gardens Drive, #342

(P.O. Box or personal mailbox NOT acceptable)

North Miami Beach, FL 33179

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sandra M. Klein
(Signature of an officer or director)

Sandra M. Klein
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sandra M. Klein
(Signature of Registered Agent)

3/16/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

205-527-5444