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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KATHIE THAW, R.D., M.A. PA  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6 00000 9791

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:

KATHIE THAW  
(Name of Contact Person)

THE CENTER FOR COUNSELING + CONSULTING  
(Firm/Company)

661 SEMINOLA BLVD  
(Address)

CASSELBERRY FL 32707  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHIE THAW at (386) 956-0359  
(Name of Contact Person) (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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KATHIE THAW, R.N., M.A., P.A.
2. The principal office address: The Center for Counseling + Consulting  
661 Seminola Blvd Casselberry FL 32707
3. The mailing address (if different): 611 Victoria Hills Drive  
Deland FL 32724
4. Date of incorporation/qualification: 1/23/06 Document number: PO6000009791
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KATHIE THAW  
929 N. SPRING GARDEN AVE SEATEC/163  
DELAND FL 32720

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

KATHIE THAW  
The Center for Counseling + Consulting  
661 Seminola Blvd  
(P.O. Box NOT acceptable)  
Casselberry FL 32707

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CLERK OF STATE

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.

Kathie Thaw  
(Signature of an officer or director)

KATHIE THAW President  
(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.

Kathie Thaw  
(Signature of Registered Agent)

4/5/07  
(Date)

If signing on behalf of an entity:

KATHIE THAW  
(Typed or Printed Name)

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