

P080000039001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

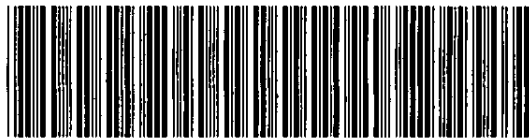
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600135404426

09/08/08--01033--025 **35.00

FILED

2008 SEP -8 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB

9/11/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHOICE THERAPY SOLUTIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: 908000039001

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:

CARLOS DIEZ-ARGUELLES
(Name of Contact Person)

CHOICE THERAPY SOLUTIONS, INC.
(Firm/Company)

7800 RED ROAD, SUITE 215-E
(Address)

SOUTH MIAMI, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS DIEZ-ARGUELLES at (305) 335-1653
(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: CHOICE THERAPY SOLUTIONS, INC.
2. The principal office address: 7800 RED ROAD, SUITE 215-E
SOUTH MIAMI, FL 33143
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: APRIL 15, 2008 Document number: P08000039001
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARLOS DIEZ-ARGUELLES

6000 SW 32 ST

MIAMI, FL 33155

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

CARLOS DIEZ-ARGUELLES

7800 REDROAD, SUITE 215-E

(P.O. Box NOT acceptable)

SOUTH MIAMI, FL 33143

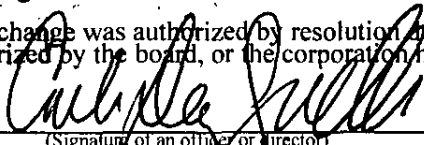
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP -8 AM 7:50

FILED

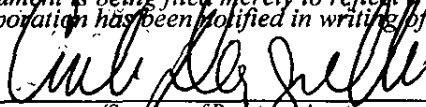
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

CARLOS DIEZ-ARGUELLES, 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.


(Signature of Registered Agent)

9/4/08

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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