

P08000045478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Change

10/19/09--01006--029 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 19 PM 1:24

FILED

Asb
10/19/09

KURT W. ROBBINS, LMFT CAP PA
1400 EAST OAKLAND PARK BLVD, SUITE 205
OAKLAND PARK, FL 33334
(954) 604-7893 OFFICE • (954) 564-4117 FAX

October 14, 2009

Division of Corporations
State of Florida

RE: Corporate Address Change

To Whom It May Concern:

Please find attached documents pertaining to a change of address for the corporation KURT W. ROBBINS, LMFT CAP PA (Doc# P08000045478).

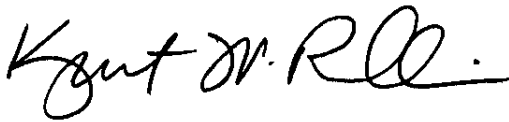
This change of address also affects the registered agent, Kurt W. Robbins. A check for \$35.00 is enclosed.

The previous corporate/ registered agent address is:
1650 NE 26th Street, Suite 206 Wilton Manors, FL 33305

The new corporate/ registered agent address is:
1400 East Oakland Park Blvd, Suite 205 Oakland Park, FL 33334

Feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt W. Robbins". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kurt W. Robbins, LMFT CAP
President
License No: MT2082
Tax ID: 26-2534086

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kurt W Robbins, LMFT CAP PA
Name of Corporation

DOCUMENT NUMBER: P08000045478

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:

Kurt W. Robbins
Name of Contact Person

Kurt W. Robbins, LMFT CAP PA
Firm/Company

1400 East Oakland Park Blvd. Ste 205
Address

Oakland Park, FL 33334
City/State and Zip Code

kurt.robbsins@southfloridatherapy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Robbins at (954) 604-7893
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: Kurt W Robbins, LMFT CAP PA
2. The principal office address: 1400 East Oakland Park Blvd, Suite 205 Oakland Park, FL 33334
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/2/2008 Document number: P08000045478
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kurt W. Robbins

1650 NE 26th Street, Ste 206

Wilton Manors, FL 33305

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

Kurt W Robbins

1400 East Oakland Park Blvd. Suite 205

P.O. Box NOT acceptable

Oakland Park, FL 33334

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.

Kurt W. Robbins
Signature of an officer or director

Kurt W. Robbins, 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.

Kurt W. Robbins
Signature of Registered Agent

10/12/2009

Date

If signing on behalf of an entity:

Kurt W. Robbins

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

CR2E045 (8/05)

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