

P09000074382

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TALLAHASSEE, FLORIDA

P09000074382
10/14/09
TW

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Idiana Morales, LMHC INC.
Name of Corporation

DOCUMENT NUMBER: P09000074382

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:

Idiana Morales
Name of Contact Person

Idiana Morales, LMHC INC.
Firm/Company

14361 NW 87th Court
Address

Miami Lakes FL 33018
City/State and Zip Code

mypsychotherapy@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Idiana Morales at (305) 924-3230
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUL 13 AM 8:00
CR2E045 (8/05)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2009

IDIANA MORALES
5881 NW 151 ST STE 111
MIAMI LAKES, FL 33014

SUBJECT: IDIANA MORALES, LMHC INC.
Ref. Number: P09000074382

We have received your document for IDIANA MORALES, LMHC 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 can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 509A00031195

**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: Idiana Morales, LMHC INC
2. The principal office address: 14361 NW 87th Court
Miami Lakes FL 33014
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09-10-2009 Document number: P09000074382
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)

Idiana Morales
14361 NW 87th Court
Miami Lakes, FL 33018

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

Idiana Morales
5881 NW 151st Street Suite 111
P.O. Box NOT acceptable
Miami Lakes, FL 33014

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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.


Signature of an officer or director

Idiana Morales, LMHC
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

10-3-09
Date

If signing on behalf of an entity:

Idiana Morales
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)