

P09 0000 94016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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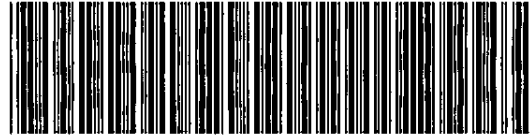
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MY THERAPY JOURNAL.COM INC.
Name of Corporation

DOCUMENT NUMBER: P 090000 94016

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:

RODOLFO SACCOMAN
Name of Contact Person

MY THERAPY JOURNAL.COM INC
Firm/Company

881 NE 72ND TER
Address

MIAMI, FL 33138
City/State and Zip Code

RODOLFO SACCOMAN@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODOLFO SACCOMAN at (561) 351 4987
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: MY THERAPY JOURNAL.COM LLC.
2. The principal office address: 409 N. Hibiscus Drive #6
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/2/2010 Document number: P09000094016

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)

RODOLFO SACCOMAN
409 N. Hibiscus Drive #6
MIAMI BEACH, FL 33139

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

RODOLFO SACCOMAN
881 NE 72ND TER
MIAMI, FL 33138

NEW ADDRESS

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.

Rodolfo Saccoman
Signature of an officer or director

RODOLFO SACCOMAN, MGR
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.

Rodolfo Saccoman
Signature of Registered Agent

12/16/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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