

P14000044433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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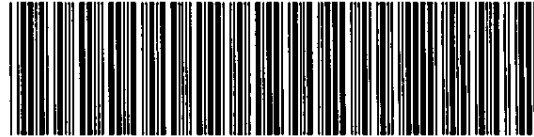
(Business Entity Name)

(Document Number)

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FILED
SEP 15 AM 8:30
SECRETARY OF STATE
TREASURY DIVISION

SEP 22 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solutions in Psychology, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000044433

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:

Jeff Melvin, Ph.D.

Name of Contact Person

Solutions in Psychology, Inc.

Firm/Company

10351 Foxtail Creek Court

Address

Bonita Springs, FL 34135

City/State and Zip Code

jmelvin@psych-solutions.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Melvin, Ph.D.

Name of Contact Person

at (239) 910-1534

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

SEP 15 AM 8:30

1. The name of the corporation: Solutions in Psychology, Inc.
2. The principal office address: 10351 Foxtail Creek Court Bonita Springs FL 34135

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/16/14 Document number: P14000044433

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)

10351 Foxtail Creek Court

Bonita Springs, FL 34135

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

13670 Metropolis Avenue, Suite 101

Fort Myers FL 33912

P.O. Box NOT acceptable

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

Jeff Melvin, Ph.D. (Owner)

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

09/06/2014

Date

If signing on behalf of an entity:

Jeff Melvin for Solutions in Psychology, Inc.

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

CR21:045 (03/12)