

P17000042719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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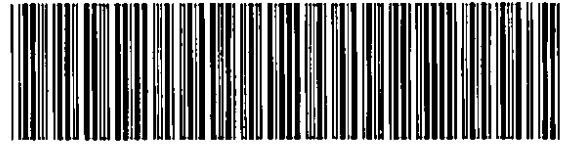
(Business Entity Name)

(Document Number)

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AUG 23 2018

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sardonyx Group Therapy INC
Name of Corporation

DOCUMENT NUMBER: P17000042719

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:

Shavonne Brown-O'Meally

Name of Contact Person

Sardonyx Group Therapy INC

Firm/Company

8240 SW 3rd st

Address

North Lauderdale, FL 33068

City/State and Zip Code

sardonyxinc@gmail.com

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

For further information concerning this matter, please call:

Shavonne Brown-O'Meally at (954) 548-6282

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

SHAVONNE BROWN-O'MEALLY
8240 SW 3RD ST
NORTH LAUDERDALE, FL 33068

SUBJECT: SARDONYX GROUP THERAPY INC
Ref. Number: P17000042719

We have received your document for SARDONYX GROUP THERAPY 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00015987

RECEIVED
18 AUG 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Sardonyx Group Therapy INC
2. The principal office address: 8240 SW 3rd st North Lauderdale, FL 33068

3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 11, 2017 Document number: P17000042719

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)

Shavonne Brown-O'Meally
8240 SW 3rd st North Lauderdale, FL 33068

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

Shavonne Brown-O'Meally
2331 North State Road 7 ste. 121
P.O. Box NOT acceptable
Lauderhill, FL 33313

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.

SB-O'Meally
Signature of an officer or director

Shavonne Brown-O'Meally (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.

SB-O'Meally
Signature of Registered Agent

August 13, 2018
Date

If signing on behalf of an entity:

Shavonne Brown-O'Meally
Typed or Printed Name

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

FILED
2018 AUG 23 AM 8:00
TALLAHASSEE, FL 32314
SECRETARY OF STATE