P200000862Z4

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		İ		

Office Use Only



900355872209

12/07/20--01031--004 **35.00

JAN 23 2021 S. YOUNG



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: WATERSIDE COUNSELING, INC. of Corporation	
DOC	JMENT NUMBER: P20000086224	
The er	nclosed Statement of Change of Registers	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
AMY J	JORDAN	
Name	of Contact Person	
	Company	
Addres	. WICKHAM ROAD, SUITE 400D	
	OURNE, FL 32940	
	late and Zip Code	
	watersidecounseling321@gn	nail com
E-mai	l address: (to be used for future annua	
For fur	ther information concerning this matter,	please call:
Amy Jo	ordan	321 698-4011
•	Name of Contact Person	at (321) 698-4011 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	,	7.0502, 607.1508, or 617.1508, Florida Statute or Statute of Florida Statute of Statut	
		egistered agent, or both, in the State of Florida	
1. The name of	he corporation: Waterside Counselin	ng, Inc.	
2. The principal	office address: 6767 N. Wickham Ro	ad, Suite 400D, Melbourne, FL 32940	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/26/2020	Document number: P20000086224	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	
	Amy Jordan		
	2372 Okalani Street		
	Palm Shores, FL 32940		_
6. The name and (if changed):	street address of the new registered	d agent (if changed) and for registered office	
	Amy Jordan		
	6767 N. Wickham Road, Suite 400D		
	P. Melbourne, FL 32940	O Box NOT acceptable	:
The street addre	ss of its registered office and the s	treet address of the business office of its regi	stered agent
Such change wanthorized by the	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an office en notified in writing of the change.	er so
12	X-0/-	Amy Jordan	
/° 1	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this cha	Printed or typed name and tille nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered ages in the registered office address, I hereby con ange.	performanc nt. Or, if thi nfirm that the
Am	A de la	11/17/2020	
٦	half of an entity:	Date	
Ť	yped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (04/13)