

P210000052560

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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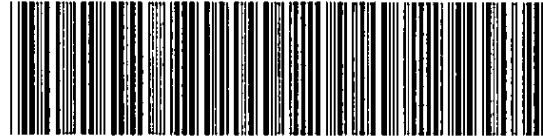
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2021 DEC 10 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FL



2021 DEC 10 AM 8:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2021

JESSICA RICHMOND
1755 PELICAN WAY
VERO BEACH, FL 32963

SUBJECT: VEDIC PSYCHOLOGY INSTITUTE, INC.
Ref. Number: P21000052560

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 621A00028488

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vedic Psychology Institute
Name of Corporation

DOCUMENT NUMBER: P21000052560

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:

Jessica Richmond

Name of Contact Person
Vedic Psychology Institute

Firm/Company
1755 Pelican Way

Address
Vero Beach, FL 32963

City/State and Zip Code
jessrichy108@gmail.com

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

For further information concerning this matter, please call:

Jessica Richmond at (603) 219-6142
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Vedic Psychology Institute, Inc.
2. The principal office address: 1755 Pelican Way, Vero Beach, FL 32963

3. The mailing address (if different): 1755 Pelican Way, Vero Beach, FL 32963
4. Date of incorporation/qualification: June 3, 2021 Document number: P21000052560

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)

Lee Garner, CPA

202 North Harbor City Blvd, Suite 101

Melbourne, FL 32963

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

Katherine Peterson

~~241 Lakeshore Rd.~~

~~Fairlee, VT 05045~~

4370 Doubles Alley Unit 203
P.O. Box NOT acceptable
Vero Beach, FL 32967

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.

Jessica Richmond
Signature of an officer or director

Jessica Richmond, 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.

Katherine Peterson
Signature of Registered Agent

12/23/2021
Date

If signing on behalf of an entity:

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 (04/13)