## P22000018175

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PICK-UP WAIT MAIL	
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SECRETARY OF STATE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Latitudes Behavior Inc Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P22000018175	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Julie Moynihan	
Name of Contact Person	
Latitudes Behavior Inc	
Firm/Company	
349 High Tide Lane	
Address	
Daytona Beach, FL 32124	
City/State and Zip Code	
julietaylorbcba@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Julie Moynihan	at (386 )344-3021 Area Code & Daytime Telephone Number
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	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ditaliassoc, 1 & 52517	Tallahassee, FL 32303

CR2F045 (04/13) Name Change (marriage)

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Latitudes Behavior Inc.
2. The principal Daytona Beach,	office address: 349 High Tide Lane FL 32124
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: February 24, 2022 Document number: P22000018175
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Julie Taylor
	349 High Tide Lane
	Daytona Beach, FL 32124
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office of the first of the new registered agent (if changed) and /or registered office of the first of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if change
	Julie Moynihan
	349 High Tide Lanc
	P.O. Box NOT acceptable
	Daytona Beach, FL 32124
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Lie	Julie Moynihan
<i>\</i> 1 -	re of an Officer or tirector Printed or typed name and title
I juriner agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Julie	Meyntha 03/16/2022
Sig	mature of Registered Agent Dute
If signing on be	chalf of an entity:
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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