

P24000034061

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

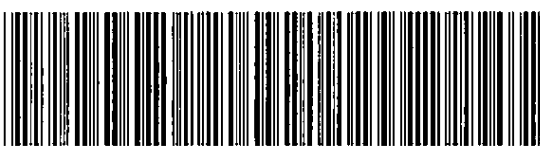
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. PRATHER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Posit Therapy, PC  
Name of Corporation

**DOCUMENT NUMBER:** P24000034061

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:

Daniel Schwartz

Name of Contact Person

Posit Therapy

Firm/Company

25 SE 2nd Ave Ste 550 #595

Address

Miami, FL 33131

City/State and Zip Code

dschwartz@dynamica.com

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

For further information concerning this matter, please call:

Daniel Schwartz

Name of Contact Person

at ( 917 ) 363-1360

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: Posit Therapy, PC
2. The principal office address: 25 SE 2nd Ave Ste 550 #595, Miami, FL 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12 May 2024 Document number: P24000034061
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)

Daniel Schwartz  
25 SE 2nd Ave Ste 550 #595  
Miami, FL 33131

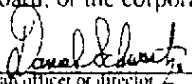
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PSM Registered Agent LLC  
25 SE 2nd Ave Ste 550  
Miami, FL 33131

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

Daniel Schwartz, 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.*

  
Signature of Registered Agent

06/13/24  
Date

If signing on behalf of an entity:

Daisy Hernandez  
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)

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FILED  
DIVISION OF CORPORATIONS