2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2021
Secretary of State
4913085218CR

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Entity Name: SHAPING EXPECTATIONS THERAPY, LLC

Current Principal Place of Business:

4940 NORTHDALE BLVD
TAMPA, FL 33624

Current Mailing Address:

4940 NORTHDALE BLVD
TAMPA, FL 33624 US

FEI Number: 82-3912501

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAMPBELL, ALIVIA B
4940 NORTHDALE BLVD
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALIVIA CAMPBELL 09/29/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CAMPBELL, ALIVIA B	Name	TORRES, ZAIDA
Address	4940 NORTHDALE BLVD	Address	4940 NORTHDALE BLVD
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALIVIA CAMPBELL CEO 09/29/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date