

L02000019304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

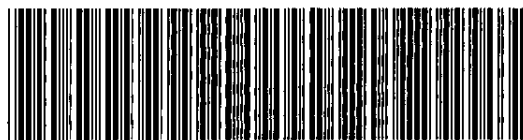
(Document Number)

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**B. KOHR**  
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**EXAMINER**



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**B. KOHR**  
DEC 16 2010  
**EXAMINER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 14 AM 10:08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RENEW THERAPY CENTER OF PALM BAY, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 14 AM 10:08

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lovena Aganon  
Name of Person

Renew Therapy Center of Palm Bay, LLC  
Firm/Company

1326 Malabar Rd. Unit 2  
Address

Palm Bay FL 32907  
City/State and Zip Code

functionalrc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nydia Etienne at ( 321 ) 725-2405  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Renew Therapy Center of Palm Bay, LLC

2. (a) Principal office address of limited liability company: 1326 Malabar Rd. Unit 2

(Note: **MUST BE STREET ADDRESS**)

Palm Bay FL 32907

(b) Mailing address of limited liability company:

(same as above)

(Note: **MAY BE POST OFFICE BOX**)

07/30/2002

LO2000019304

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Lovena Aganon

Registered Office Address:

1091 Port Malabar Rd. Ste.2  
Palm Bay FL 32905

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Lovena Aganon

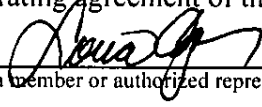
**NEW** Registered Office Address:

1326 Malabar Rd. Unit 2

**(MUST BE FLORIDA STREET ADDRESS)**

Palm Bay, FL 32907

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Managing Member

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00