

LD3 000003100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2013

DAVID ROBINSON
6810 NEW TAMPA HIGHWAY, SUITE 600
LAKELAND, FL 33815

SUBJECT: HEALTHSTUDIO LLC
Ref. Number: L03000003100

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 613A00025933

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHSTUDIO LLC
Name of Limited Liability Company

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:

DAVID ROBINSON
Name of Person

HEALTHSTUDIO LLC
Firm/Company

6810 NEW TAMPA HWY
Address

LAKELAND FL 33815
City/State and Zip Code

DROBINSON@DSM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBER STONE at (863) 802-8858
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

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TALLAHASSEE, FLORIDA

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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: IT EALTHSTUDIO, LLC
2. (a) Principal office address of limited liability company: 6810 NEW TAMPA
HIGHWAY SUITE 600
LAKELAND, FL 33815
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: SAME
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 1/27/2003
4. Document number: L03000003100
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: KARL MUEHLBERGER
- Registered Office Address: 1149 LAKE POINT DRIVE
LAKELAND, FL 33813
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: DAVID ROBINSON
- NEW** Registered Office Address: 6810 NEW TAMPA HWY
SUITE 600
LAKELAND, FL 33815
(**MUST BE FLORIDA STREET ADDRESS**)

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

David Robinson

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