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Florida Department of State
Division of Corporations
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Account Number : 105256001620
Phone : (608) 827-5300
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: julie@drrestoration.com

RECEIVED
13 OCT 30 AM 10: 00
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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
DR. RESTORATION, LLC.

Certificate of Status	0
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2013 OCT 30 AM 9: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DR. RESTORATION, LLC.

2. (a) Principal office address of limited liability company: 5703 US 31 South, Suite A

(Note: MUST BE STREET ADDRESS)

Indianapolis, Indiana 46227

(b) Mailing address of limited liability company: 5703 US 31 South, Suite A

(Note: MAY BE POST OFFICE BOX)

Indianapolis, Indiana 46227

8/30/2004

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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: BUSINESS SUPPORT INC.

417 STOWE AVE

Registered Office Address: SUITE A

ORANGE PARK, FL 32073

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

NEW Registered Agent: Business Filings Incorporated

NEW Registered Office Address: 515 E. Park Avenue,

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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.

Julie Riley 10/30/13
Signature of a member or authorized representative of a member

Julie Riley, Member
Printed or typed name of signer

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.

Mark Williams
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

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