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(Document Number)						
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J. BRYAN
MAY 2 2 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUB	SUBJECT: Therapeutic Laser Center, LLC Name of Limited Liability Company					
Dear	Sir or Madam:					
The	enclosed Registered Agent/Reg	gistered Office (Change and fe	ee(s) are submitted	l for filing.	
Pleas	se return all correspondence co	ncerning this m	atter to the fo	llowing:		
	Lesley P. Wa	iters	<u></u>			
	Name of Person					
	Therapeutic Laser C	enter, LLC			OS MAY	
	1771 Ringling Bouleva	ard, Unit 702			09 HAY 21 PH 1	
	Address		•	,	FLOR FLOR	
	Sarasota, Fl 3 City/State and Zip Co				100	
-1	LLesley7@aol E-mail address: (to be used for future an	.COM nual report notification	on)			
For,	further information concerning	this matter, ple	ase call:			
	Lesley P. Walters	at (_		921-83		
					ne ivumber	
	STREET/COURIER ADDR	ESS:	MAILING ADDRESS: Registration Section			
	Registration Section Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle		Tallahassee, Florida 32314			
	Tallahassee, Florida 32301					
	Enclosed is a check for the	e following amo	ount:			
	\$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:	Therapeutic Laser Center, LLC
2. (a) Principal office address of limited liability comp	pany: 5899 Whitfield Avenue
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 34239
(b) Mailing address of limited liability company:	1771 Ringling Boulevard, Unit 702
(Note: MAY BE POST OFFICE BOX)	Sarasota, Fl 34236
April 24, 2009	L05000087662
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:	The Company Corporation
Registered Office Address:	2711 Centerville Road FFF Wilmington, DE 19808
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Lesley P. Walters
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1771 Ringling Boulevard Unit 702 Sarasota ,FL34236
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the laws of the State of Florida, it is hereby
William B. Walters	
Printed or typed name of signee I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address? I hereby confirm/that the limited liability composition of Registated Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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