

LO700000 140658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

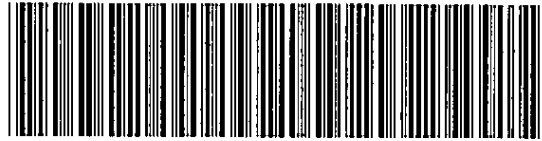
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\$25.00

Office Use Only



500329276475

500329276475  
05/17/19--01029--007 \*\*718.00

5.00

S TALLENT  
JUN 05 2019

FILED  
2019 MAY 17 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE FL

R/A 2/18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIRECT THERAPY SERVICES, 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:

Kevin Jemmott  
Name of Person

DIRECT THERAPY SERVICES, LLC  
Firm/Company

3989 Chain Bridge Road  
Address

Fairfax, VA 22030  
City/State and Zip Code

kevin.jemmott@icloud.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Purdum at ( 703 ) 359-7200  
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 605.0114 or 605.0116, 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: DIRECT THERAPY SERVICES, LLC

2. (a) DIRECT THERAPY SERVICES, LLC (b) DIRECT THERAPY SERVICES, LLC

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3989 CHAIN BRIDGE ROAD

3989 CHAIN BRIDGE ROAD

FAIRFAX, VA 22030

FAIRFAX, VA 22030

04/17/2007

L07000040658

3. 04/17/2007 Date of filing/registration in Florida

4. L07000040658 Document number

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

ROSS, BRIAN M ESQ.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5010 W. CARMEN STREET, SUITE 2602

TAMPA, FL 33609

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

**FILED**  
 2019 MAY 17 PM 12:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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.



Robert P. Hostler, President

Signature of a member or authorized representative of a 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 605, 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.*



Bill Havre - Assistant Secretary

Signature of Registered Agent