## 1000050109

Office Use Only

G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

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Division of Corporations	
SUBJECT: Within Reach Therape	utics
	e 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	g this matter to the following:
Janice Politz	
(Name of Person)	
Within Reach Therapeutics, LLC	
(Firm/Company)	
760 Indian Beach Lane	
(Address)	o water the
Sarasota, FL 34234	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Janice Politz	at ( 941 ) 735-0404
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADTRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananasco, Florida 32314
Enclosed is a check for the following	ing amount:
☑ \$25 Filing Fee	(255 Filing Fee & Certified Copy

TO: Registration Section

## 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: Within Rea	nch Therapeutics	. 8
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 760 Indian Beach Lane Sarasota, FL 34234	. 8
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	760 Indian Beach Lane Sarasota, FL 34234	. B
May 10, 2007 3. Date of filing/registration in Florida	L07000050109 4. Document number	-
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Corporation Services Company	_
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301	SECI DIVISIO
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	¥Û; F
NEW Registered Agent:	Atrajce Politz	1000 1000 1000 1000 1000 1000 1000 100
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	760 Indian Beach Lane   Sarasota   □,FL 34234   □	MANAGE.
If the limited liability company is not organized under the that after the change or changes are made, the Florida streether office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)  Janice Politz  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant am familiar with and accept the obligations of my position for it is being filed to merely reflect a confirm that the limited liability company has been notified.  (Signature of Registered Agent)	eet address of the registered office and the busing case of a Florida limited liability company, it is by an affirmative vote of the members of the lip of organization or the operating agreement of the second control of	ness mited he
FILING YEI	\$ <b>6.27</b> , Tallahassee, FL 32314 E: \$25.00	