

208 0000 19852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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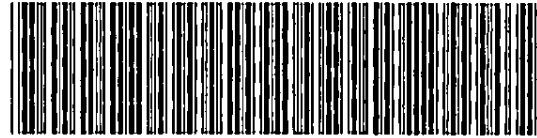
(Business Entity Name)

(Document Number)

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2022 FEB - 7 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

RA/R0/ch8

FEB 15 2022  
ALDRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Positive Balance Massage PL  
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:

Paul H. Cook

Name of Person

Positive Balance Massage PL

Firm/Company

3902 Bahia Vista St. #124

Address

Sarasota FL 34232

City/State and Zip Code

positive4balance@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul

Name of Person

at ( 941 ) 256 4523

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Positive Balance Massage PC
2. (a) 3901 Bahia Vista st #124 (b) 3901  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Sarasota FL 34232 Bahia Vista st. #124  
Sarasota FL 34232

3. Feb. 25 2008 4. LO800019852  
Date of filing/registration in Florida Document number

5. (a) Jo Ann M Koontz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1613 Fruitville rd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Sarasota  
FL 34232

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

Paul H. Cook  
NEW Registered Office Address.  
3901 Bahia Vista st #124  
Sarasota FL 34232

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]  
Signature of a member or authorized representative of a member

Paul Cook  
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.*

[Signature]  
Signature of Registered Agent

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

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