

# L 08000099213

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

SEP 30 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moto Therapy 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:

Nathan C Allen

Name of Person

Moto Therapy LLC

Firm/Company

PO Box 4908

Address

Haines City, Florida 33845

City/State and Zip Code

ironsurgeons@gmail.com

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

For further information concerning this matter, please call:

Nathan C Allen

Name of Person

at ( 863 )

9563148

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 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: Moto Therapy LLC

2. (a) Principal office address of limited liability company: 14 Palmetto St.

**(Note: MUST BE STREET ADDRESS)**

Suite C  
Haines City, Florida 33844

(b) Mailing address of limited liability company: PO Box 4908

**(Note: MAY BE POST OFFICE BOX)**

Haines City, Florida 33845

OCTOBER 21, 2008  
3. Date of filing/registration in Florida

L08000099213  
10800009213  
4. Document number

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

Registered Agent: Nathan C Allen

Registered Office Address: 1613 Perdido Ct  
Kissimmee, Florida 34759

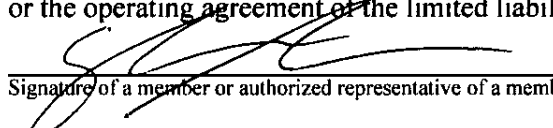
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

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

1870 Hwy 17/92  
Unit #29  
Lake Alfred, FL 33850

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 of a member or authorized representative of a member

Shaun E Allen

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 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.*

  
Signature of Registered Agent

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