

10/5/2017

# L08000106132

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

17 OCT -5 AM 8:49

LLC REGISTERED AGENT CHANGE  
SENSATIONAL KIDS THERAPY, PLLC

Certificate of Status	0
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OCT 0 2017  
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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: SENSATIONAL KIDS THERAPY, PLLC

2. (a) 1851 Golden Eagle Way (b) 4829 INNISBROOK CT. S.  
Principal office address of limited liability company: Mailing address of limited liability company  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Ste # 43 ELKTON, FL 32033  
Fleming Island, FL 32003

3. 11/14/2008 4. L08000106132  
Date of filing/registration in Florida Document number

5. (a) AUGUST, AMANDA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
4829 INNISBROOK CT. S.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ELKTON, FL 32033

(b) Northwest Registered Agent, LLC.

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

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

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.

Morgan Noble  
Signature of a member or authorized representative of a member

Morgan Noble  
Printed or typed name of signer

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.

Tom Glover Tom Glover - Assistant Secretary  
Signature of Registered Agent

10/5/2017 07:43 AM PDT

TO: 18506176383 FROM: 9045126629

Page: 1



REZNICSEK · SHAW  
SHAFFER · JEANS  
BUSINESS & HEALTHCARE LAWYERS



### *Facsimile Cover Sheet*

<b>TO:</b>	Florida Department of State	<b>From:</b>	Donna Ciancutti
<b>Fax:</b>	850-617-6383	<b>Pages:</b>	3
<b>Phone:</b>		<b>Date:</b>	October 6, 2017
<b>Re:</b>	Bowden Eyecare Services Management Organization, LLC	<b>CC:</b>	

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