

LI0000009182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

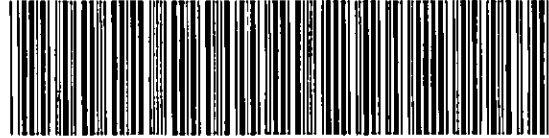
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100305915711

11/27/17--01009--007 **25.00

FILED
17 NOV 27 AM 10:23
TALLAHASSEE, FLORIDA

BF
11/28/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES - NORTHDAL, L
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:

Willem Stegeman

Name of Person

OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES

Firm/Company

3903 Northdale Blvd. , Suite 111W

Address

Tampa, FL 33624

City/State and Zip Code

rpatterson@theoppt.com

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

For further information concerning this matter, please call:

Robert Patterson

Name of Person

at (813) 690 4494

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: OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES - NO

2. (a) 3903 Northdale Blvd.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite 111W

Tampa, FL 33624

(b) 6023 Hammock Woods Drive

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Odessa, FL 33556

01/25/2010

3. Date of filing/registration in Florida

L10000009182

4. Document number

5. (a) Stegeman, Willem

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3903 Northdale Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33624

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

3903 Northdale Blvd.

NEW Registered Office Address:

Suite 111W

Tampa, FL 33624

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

Willem Stegeman

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 of Registered Agent

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