

L/0000062533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

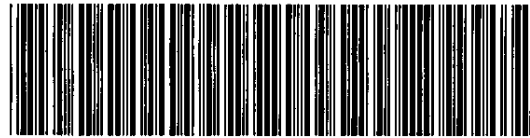
(Business Entity Name)

(Document Number)

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Change

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2014 JUL -7 PM 4:12
TALLAHASSEE, FLORIDA
CLERK OF STATE

DR
7/22/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Womens Manual Physical 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:

Ruth Jenkins

Name of Person

Womens Manual Physical Therapy LLC

Firm/Company

PO BOX 1772

Address

Crestview FL 32536

City/State and Zip Code

Ruth@manualphysio.com

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

For further information concerning this matter, please call:

Ruth Jenkins

Name of Person

at (850) 682 7772

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

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.

2. (a) 602 S. Main St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) PO BOX 9772
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Crestview
FL 32536

4. Document number

- 602 South main St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Crestview FL 32536
FL

- 728 N. Fardon Blvd
NEW Registered Office Address:
 Ste #3
 Crestview, FL 32536

Ruth Jenkins
Printed or typed name of signee

Signature of Registered Agent