

L11000009467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

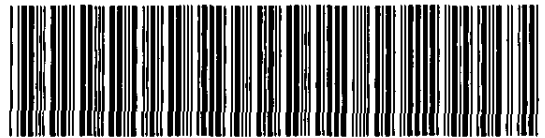
(Business Entity Name)

(Document Number)

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04-07-2011

Address Change

MR-VBL

Rivera, Maribel

11000009467

From: Kristina Webster [Kristina.Webster@palmbeach.k12.fl.us]
Sent: Thursday, April 23, 2015 11:07 AM
To: CorpAddressChange
Subject: Change of address

To Whom It May Concern:

I would like to change the practice location address of my company. The company is Pediatric Potentials Therapy LLC. The previous address was 5491 N University Drive, Suite 101, Coral Springs, FL 33067. The new address is the following:

7401 Wiles Road
Suite 206
Coral Springs, FL 33067

Please let me know if you need any further information.

Thank you,
Kristina Webster