

L11000012318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

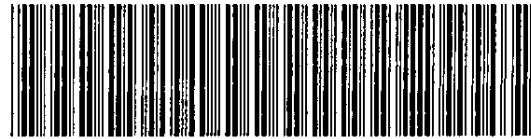
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700196007447

ALC
6/22

Rivera, Maribel

From: Susie Rozzo [srozzo@flavincpa.com]
Sent: Tuesday, June 14, 2011 3:19 PM
To: CorpAddressChange
Subject: Ott Healthcare and Consulting, LLC -L11000012318

Please change the mailing address from: 495 Lanterback Island Drive
Satellite Beach, Florida 32937

To: 1397 Windward Lane
Niceville, Florida 32578

on the principal address, mailing address and manager/member, on the account listed above.

Thank you for your help in this matter.

Susie Rozzo
c/o Ott Healthcare and Consulting, LLC
Dr. Michael Ott
Thomas P. Flavin & Associates
321-725-4700