

L12000011474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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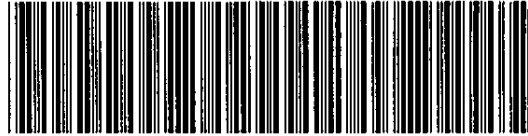
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL 31 AM 10:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 10, 2015

NKUME SOBE JR
SOBE INNOVATIVE REHABILITATION
3029 NE 188TH ST #1110
AVENTURA, FL 33180 US

SUBJECT: SOBE INNOVATIVE REHABILITATION PLLC
Ref. Number: L12000011474

We have received your document for SOBE INNOVATIVE REHABILITATION PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 515A00012193

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sobe Innovative Rehabilitation
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:

Nkume Sobe Jr.
Name of Person

Sobe Innovative Rehabilitation, PLLC
Firm/Company

3029 NE 188th St. #1110
Address

Aventura, FL 33180
City/State and Zip Code

Nkumejr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nkume Sobe Jr. at (585) 354-3847
Name of Person 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: Sobe Innovative Rehabilitation

2. (a) 3029 NE 188th St

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Aventura, FL 33180

(b) 3029 NE 188th St #1110

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Aventura, FL 33180

3. 1/24/2012
Date of filing/registration in Florida

4. L12000011474
Document number

5. (a) United States Corporation Agents
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Ct. St. A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Nkume Sobe Jr.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3029 NE 188th St. #1110
NEW Registered Office Address:

Aventura, FL 33180

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]
Signature of a member or authorized representative of a member

Nkume Sobe Jr.
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]
Signature of Registered Agent

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