

L12 000048907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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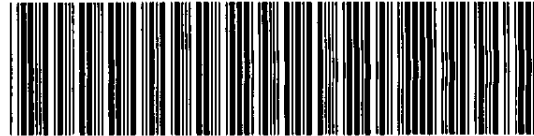
(Business Entity Name)

(Document Number)

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16 OCT 31 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

AMBER FLAGLER
2523 W JETTON AVE
TAMPA, FL 33629

SUBJECT: TOTAL REHABS LLC.
Ref. Number: L12000048907

We have received your document for TOTAL REHABS LLC. 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 Florida Corporation, but your entity is a Florida *limited Liability Company*. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 516A00021683

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Rehabs, LLC
Name of Corporation

DOCUMENT NUMBER: L12000048907

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Flagler
Name of Contact Person

Total Rehabs, LLC
Firm/Company

2523 W Jetton Ave
Address

Tampa, FL 33629
City/State and Zip Code

S. flagler@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Flagler at (813) 516-3613
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Total Rehabs, LLC

2. (a) 3412 N Tampa St (b) 2523 W Jetton Ave
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Tampa, FL 33603 Tampa, FL 33629

3. 4/09/12 4. L12000048907
Date of filing/registration in Florida Document number

5. (a) Catherine V Travers
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1002B S. Church Ave #18954
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL FL 33629

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

2523 W Jetton Ave
NEW Registered Office Address:

Tampa, FL FL 33629

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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.

Scott Flagler, as MGR Scott Flagler, as MGR
Signature of a member or authorized representative of a member 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.

Amber Flagler
Signature of Registered Agent