

L12000/00413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

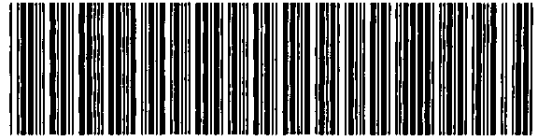
(Business Entity Name)

(Document Number)

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2016 OCT 18 P 3:10
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OCT 19 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

JAMES JACKSON
KENDALL HAND AND PHYSICAL THERAPY
9415 SUNSET DRIVE, SUITE 111
MIAMI, FL 33173

SUBJECT: OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES -
KENDALL, LLC
Ref. Number: L12000100413

We have received your document for OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES - KENDALL, 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):

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

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 316A00021689

2016 OCT 18 P 3:10

FILED



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2016 OCT 18 PM 3:10

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Performance Physical Therapies - Kendall
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:

Robert Patterson
Name of Person

OPT - Kendall
Firm/Company

9415 Sunset Drive (111)
Address

Miami, FL 33173
City/State and Zip Code

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

For further information concerning this matter, please call:

James Jackson at (786) 507-8278
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: Optimal Performance Physical Therapies - Kendall

2. (a) 9415 Sunset Drive

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, FL 33173

(b) Same

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 8/3/2012
Date of filing/registration in Florida

4. L12000100413
Document number

5. (a) Robert Patterson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6023 Hammock Woods Dr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Odessa, FL

33556

(b) James Jackson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9415 Sunset Drive

NEW Registered Office Address:

Miami, FL

33173

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

Robert Patterson
Printed or typed name of signer

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