

L12000104928

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saylor Physical Therapy of Lake Mary LLC.
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:

Lisa A Fossett

Name of Person

Saylor Physical Therapy

Firm/Company

745 Primera Blvd Ste 1021

Address

Lake Mary, Florida 32746

City/State and Zip Code

Lisa@saylorpt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamii Saylor

Name of Person

at (561) 223-3872

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 608.416 or 608.508, 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: Saylor Physical Therapy of Lake Mary LLC

2. (a) Principal office address of limited liability company: Saylor Physical Therapy of Lake Mary LLC
(Note: MUST BE STREET ADDRESS)
745 Primera Blvd Suite 1021
Lake Mary, Florida 32746

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Saylor PT
8845 North Military Trail Suite 300
PBG, Florida 33410

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: James Saylor

Registered Office Address: Saylor Physical Therapy of Lake Mary LLC
745 Primera Blvd Suite 1021
Lake Mary, Florida 32746

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

NEW Registered Agent: Lisa A Fossett

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
745 Primera Blvd
Suite 1021
Lake Mary, FL 32746

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.

Lisa A. Fossett
Signature of a member or authorized representative of a member

Lisa A Fossett
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 608, 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.

Lisa A. Fossett
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00