

L13000098442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2013

COVER LETTER

• **TO:** Registration Section
Division of Corporations

SUBJECT: Restorative Medical Center, PLLC
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:

Christina Parker, ARNP
Name of Person

Restorative Medical Center, PLLC
Firm/Company

2975 Bobcat Village Center Rd #300
Address

North Port, FL 34288
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina Parker at (941) 625-0304
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 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: Restorative Medical Center, PLLC

2. (a) Principal office address of limited liability company: 2975 Bobcat Village Center Rd.
Suite 300
North Port, FL 34288
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: Same as above
(Note: MAY BE POST OFFICE BOX)

7/11/2013
3. Date of filing/registration in Florida

L13000098442
4. Document number

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

Registered Agent: Christina Parker

Registered Office Address: 3545 Bobcat Village Center Rd
North Port, FL 34288

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

NEW Registered Agent: Christina Parker

NEW Registered Office Address: 2975 Bobcat Village Center Rd
Suite 300
North Port, FL 34288
(MUST BE FLORIDA STREET ADDRESS)

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

Christina Parker
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

[Signature]
Signature of Registered Agent

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

FILED
13 SEP -6 AM 11:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE