

L13000168504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

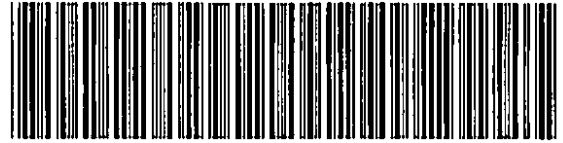
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900328452419

04/29/19--01008--024 \*\*25.00

APPROVED  
AND  
FILED  
2019 APR 29 AM 10:45  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

T GLASS

MAY 09 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

*(Handwritten mark)*

SUBJECT: OPTIMAL PERFORMANCE AND PHYSICAL THERAPIES - LUTZ, 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:

Shannon Merrick

Name of Person

OPTIMAL PERFORMANCE AND PHYSICAL THERAI

Firm/Company

21756 SR 54, Suite 102

Address

Lutz, FL 33549

City/State and Zip Code

rpatterson@theoppt.com

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

For further information concerning this matter, please call:

Shannon Merrick

at ( 813 ) 279 6234

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

APPROVED  
AND  
FILED

2019 APR 29 AM 10:45

RECORDS SECTION  
TALLAHASSEE, FLORIDA

**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 AND PHYSICAL THERAPIES - LU1

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

21756 SR 54, Suite 102

Lutz, FL 33549

12/04/2013

L13000168504

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

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

PATTERSON, ROBERT L

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6023 Hammock Woods Drive

Odessa, FL 33556

(b) Shannon Merrick

Enter name of NEW Registered Agent and/or NEW Registered Office address:

21756 SR 54, Suite 102

NEW Registered Office Address:

Lutz, FL 33549

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.

Shannon Merrick  
Signature of a member or authorized representative of a member

Shannon Merrick  
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.*

Shannon Merrick  
Signature of Registered Agent

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