

214000111912

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2018 MAR 19 P 1:31  
CLERK OF CIRCUIT  
TALLAHASSEE, FLORIDA

3/20/18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restorative Research Institute, 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:

Shaundrika Davis

Name of Person

Firm/Company

34 Hunters Ridge Road

Address

Coleman, Georgia 39836

City/State and Zip Code

shaundavis7@gmail.com

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

For further information concerning this matter, please call:

Shaundrika Davis at ( 229 ) 366 - 3868  
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

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2018 MAR 19 P 1:31  
SECRETARY OF STATE  
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: Restorative Research Institute, LLC

2. (a) \_\_\_\_\_ (b) Restorative Research Institute, LLC

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5401 South Kirkman Rd; Suite 310

Orlando, Florida 32819

July 15, 2014

L14000111912

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:

UNITED STATES CORPORATION AGENTS, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAKS COURT; SUITE A

Tampa, FL 33612

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

Shaundrika Davis

**NEW** Registered Office Address:

5401 South Kirkman Rd; Suite 310

Orlando, FL 32819

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.

Shaundrika Davis

Signature of a member or authorized representative of a member

Shaundrika Davis

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.*

Shaundrika Davis

Signature of Registered Agent

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA