

L14000175560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

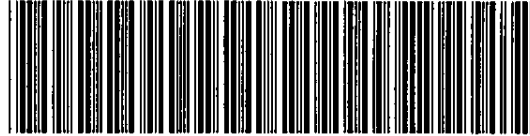
(Business Entity Name)

(Document Number)

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C.L.
12-10-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Women's Health and Healing Physical Therapy, 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:

Naga Chikazonga Martin
Name of Person

Women's Health and Healing Physical Therapy, PLLC
Firm/Company

5633 Sheer Bliss Loop
Address

Land O Lakes FL 34639
City/State and Zip Code

NAGA.C.MARTIN@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naga Chikazonga Martin at (516) 314-7295
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: Women's Health and Healing Physical Therapy, PLLC

2. (a) 5633 Sheer Bliss Loop Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)
Land O Lakes, FL 34639

(b) 5633 Sheer Bliss Loop Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
Land O Lakes, FL 34639

3. November 12, 2011 Date of filing/registration in Florida

4. L14000175560 Document number

5. (a) United States Corporation Agents, Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Court
 Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
Suite A
Tampa, FL 33612

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

5633 Sheer Bliss Loop
NEW Registered Office Address:
Land O Lakes, FL 34639

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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.

Naga Chikazonaga-Martin
 Signature of a member or authorized representative of a member

NAGA CHIKAZONAGA-MARTIN
 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.

Naga Chikazonaga-Martin
 Signature of Registered Agent