

L1500000871

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOTILA SPINE AND JOINT CENTER OF BRANDON 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:

GARY KOTILA

Name of Person

KOTILA SPINE AND JOINT

Firm/Company

1367 OAKFIELD DRIVE

Address

BRANDON FLORIDA 33511

City/State and Zip Code

OFFICE@KOTILACHIRO.NET

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

For further information concerning this matter, please call:

GARY KOTILA

Name of Person

OFFICE 813-643-1242

at ()

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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DIVISION OF CORPORATIONS
JUN 15 AM 11:09
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: KOTILA SPINE AND JOINT

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)

1367 OAKFIELD DRIVE
BRANDON FLORIDA 33511

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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:

JERRY PASCHALL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1367 OAKFIELD DRIVE
BRANDON, FL 33511

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

GARY KOTILA
NEW Registered Office Address:
1367 OAKFIELD DRIVE
BRANDON, FL 33511

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] _____ GARY KOTILA _____
Signature of a member or authorized representative of a member 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.

[Signature] _____
Signature of Registered Agent