

L15 000 200824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

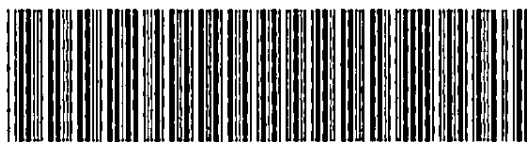
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000355581700

11/24/20--01027--010 **25.00

FILED
2021 FEB 22 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FL

Ra Chang

DOCUMENT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lutz Family Practice 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:

Mashira Jackson Gallegos

Name of Person

Lutz Family Practice PLLC

Firm/Company

1908 Land O Lakes Blvd

Address

Lutz FL 33549

City/State and Zip Code

Lutzfamilypractice@gmail.com

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

For further information concerning this matter, please call:

Mashira Jackson Gallegos at 813

Name of Person

576-9635

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

↳ Previously

paid & included

with previous

letter sent out and as such no more fees

2021 FEB 22 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2021

MASHIRA JACKSON-GALLEGOS
1908 LAND O LAKES BLVD
LUTZ, FL 33549

SUBJECT: LUTZ FAMILY PRACTICE, PLLC
Ref. Number: L15000200824

We have received your document for LUTZ FAMILY PRACTICE, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00000874

Dear Irene

I have update the information as indicated. Please let me know if I need to do any thing else

- Mashira Jackson-Gallegos

**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: Lutz Family Practice, PLLC
2. (a) Lutz Family Practice PLLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1908 Land o Lakes Blvd
Lutz FL 33549
- (b) Lutz Family Practice PLLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
19606 Morden Blush Dr
Lutz, FL 33558
3. December 1, 2015
Date of filing/registration in Florida
4. L15000200824
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)
5575 S. Semoran Blvd, Suite 86
Orlando, FL 32822

- (b) Mashira Jackson Gallegos
Enter name of NEW Registered Agent and/or NEW Registered Office address:

19606 Morden Blush Drive
NEW Registered Office Address:

Lutz, FL 33558

FILED
2021 FEB 22 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Mashira Jackson Gallegos
Signature of a member or authorized representative of a member

Mashira Jackson Gallegos
Printed or typed name of signor

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.

Mashira Jackson Gallegos
Signature of Registered Agent