11600057004

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

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SECRETARY OF STATE

S Warren MAY 1 2 2017



TO: Registration Section Division of Corporations		
SUBJECT: Bredy Physical Therapy and	Sports Reh	ab, LLC
	e of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please return all correspondence-concerning thi	s matter to the	following:
Vania Bredy		
Name of Person	···	- -
Bredy Physical Therapy and Sports Rel	hab, LLC	
Firm/Company		
7971 Riviera Blvd. Suite 107		
Address		
Miramar, FL 33023		
City/State and Zip Code		
vbredy@bredyphysicaltherapy.com		
E-mail address: (to be used for future annual	ual report notif	ication).
For further information concerning this matter,	please call:	
Vania Bredy	954	, 530-6845
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:

2 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	ume of the limited liability company:	Bredy Physical	The	rap	by and	Sports Reha	b, LLC			
2. (a)	Bredy Physical Therapy and S	ports Rehab, LL	· (b)	Bredy F	Physical The	rapy an	d Sp	orts	Rehat
2. (a)	Principal office address of limited lie (Note: MUST BE STREET A		. (υ).		Mailing address (Note: MAY I		-	-	-
	4801 S University Dr. Suite 2	32			4801 S	University D	r. Suite	232		
	Davie, FL 33328			-	Davie, I	FI 33328				
	03-21-2016			L	160000	57004				
3.	Date of filing/registration in	Florida	4.	-		Document nu	ımber			<u> </u>
5. (a)	Vania Bredy									
J. (u)	Registered Agent and Registered Office show	wn on the records of the	Floric	la D	ept. of Sta	te:				
	Vania Bredy - Bredy Physical	Therapy and Sp	orts	R	ehab, L	L				
	Registered Office Address (MUST BE F	LORIDA STREET AD	DRES	<u>'S)</u> '						
	1888 MM 388									
	Cooper City	, FL_	33	50	.2Y	<u> </u>	T/S			相對於
4.	5.000						ECK	7 #		يا بروم مر
(b)	Enter name of NEW Registered Agent and	or NEW Registered Of	ffice ac	ddr	esn:	<u></u>	E	7	Ξ	
					<u></u> ,		SSE		E	
	Bredy Physical Therapy and S	Sports Rehab, Ll	LC				<u>, </u>	3	O	on the
	NEW Registered Office Address:		,			_	101 71.S	F.		
	7971 Riviera Blvd. Suite 107						象	5		14.
	Miramar	ы 3	3023	3.		_	•			
		, rL			· · · · · · ·	_				
the cha agent w was/we	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a reauthorized by an affirmative vote of organization or the operating	street address of the Florida limited liabil of the members of t	e reg ility c the lir	iste on nite	ered offic npany, it ed liabili	e and the busing the hereby confitty company or	ness offic rmed that	e of t	he reg chang	gistered e(s)
	Maria Deal,		V.a	ınia	a Bredy					
_	ure of a member or authorized representative					Printed or type				
provisi the obli to mere	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ly reflect a change in the registered vin writing of this change.	ed agent and agree per and complete pe agent as provided f office address, I he	to acerforn for in reby c	et in man Ch con	n this cap nce of my napter 60 firm that	pacity. I further duties, and I of 5, F.S. Or, if to the limited lia	r agree to m familio his docum bility com	o con tr.wii tent i tpany	ipty w h:ana s beir has	ith the accept g filed be en
Signatu	re of Registered Agent									
	Division of Corp	orations• P.O. Bo				ssee, FL 3231	4			