

L16 CCCCC 9934C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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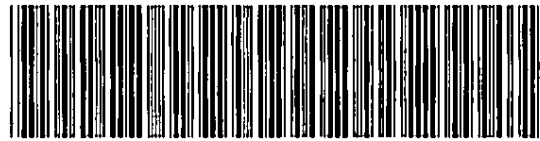
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 28 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FL

January 10, 2022

LARRY J WILLIAMS  
2191 9TH AVENUE N STE 280  
ST PETERSBURG, FL 33715

SUBJECT: IN PAIN CALL US, LLC  
Ref. Number: L16000099340

We have received your document for IN PAIN CALL US, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 322A00000691

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: In Pain Call Us, 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:

Larry J. Williams  
Name of Person

In Pain Call Us, LLC  
Firm/Company

2141 9th Ave. N., Suite 150  
Address

St Petersburg FL 33713  
City/State and Zip Code

l.j.williams@docsf.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry J. Williams at ( 727 ) 224-9027  
Name of Person 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

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: In Pain Call Us, LLC

2. (a) 2191 9th Avenue N. (b) PO Box 35  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 150 St. Petersburg FL 33731  
St. Petersburg, FL 33713

3. May 16 2016 4. L16000099340  
Date of filing/registration in Florida Document number

5. (a) Larry J Williams  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5301 2nd Street S.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg FL 33711

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

2191 9th Ave N.  
NEW Registered Office Address:

Suite 150

St. Petersburg FL 33713

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.

Larry Williams  
Signature of a member or authorized representative of a member

Larry J. Williams  
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.

Larry Williams  
Signature of Registered Agent

FILED  
2022 JAN 28 PM 5:10  
TALLAHASSEE, FL  
FLORIDA DEPT. OF STATE