

218000011009

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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MAY 14 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE WELL 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:

J DAVID CAMPBELL EA  
Name of Person

CAMPBELLS ENROLLED AGENTS & CO  
Firm/Company

405 TAMIAMI TRAIL  
Address

PUNTA GORDA, FL 33950  
City/State and Zip Code

INFO@CAMPBELLSEA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J DAVID CAMPBELL at (            ) 941 639-0680  
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: THE WELL THERAPY PLLC

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)*  
17825 MURDOCK CIRCLE, SUITE B 17825 MURDOCK CIRCLE, SUITE B  
PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948

3. 1/11/2018 4. L18000011009  
 Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LEGALCORP SOLUTIONS LLC  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
3440 W HOLLYWOOD BLVD, SUITE 415  
HOLLYWOOD, FL 33021

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
J DAVID CAMPBELL  
**NEW** Registered Office Address:  
405 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33950

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.

Mitzi Brown Mitzi Brown  
 Signature of 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