

218000047366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

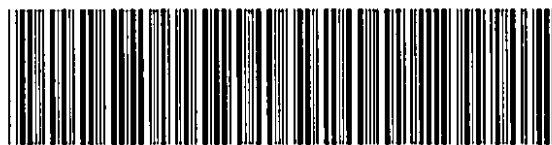
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/21/2018 10:55 AM

FILED

18 AUG 23 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 23 PM 1:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2018

ANGELA FREDICKS
3956 TOWN CENTER BLVD, #213
ORLANDO, FL 32837-6103

SUBJECT: SALUBRIS SPEECH THERAPY, LLC
Ref. Number: L18000047366

We have received your document for SALUBRIS SPEECH THERAPY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00013044

20

RECEIVED

2018 AUG 23 AM 9:27

Signed, thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

Salubris Speech Therapy, 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:

Angela Fredricks

Name of Person

Salubris Speech Therapy, LLC

Firm/Company

3956 Town Center Blvd, #213

Address

Orlando, FL 32837-6103

City/State and Zip Code

angelafrdricks@gmail.com

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

For further information concerning this matter, please call:

Angela Fredricks

at (407) 793-2795

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: Salubris Speech Therapy, LLC

2. (a) 3956 Town Center Blvd, #213 (b) 3956 Town Center Blvd, #213
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Orlando, FL 32837-6103 Orlando, FL 32837-6103

3. February 22, 2018 4. L18000047366
Date of filing/registration in Florida Document number

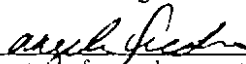
5. (a) Ahmad Shah
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2903 W New Haven Ave, #333
West Melbourne, FL 32904-3661

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

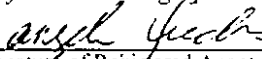
NEW Registered Office Address:
3956 Town Center Blvd, #213
Orlando, FL 32837-6103

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 of a member or authorized representative of a member

Angela Fredricks
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 of Registered Agent

FILED
18 AUG 28 PM 1:55
TALLAHASSEE, FLORIDA