

L18000084664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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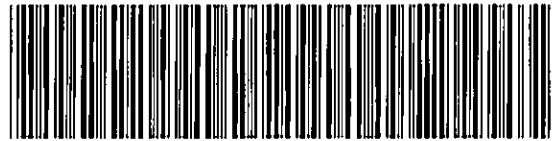
(Business Entity Name)

(Document Number)

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18 JUN 24 AM 8:09  
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TALLAHASSEE, FLORIDA  
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O SIMMONS

JUL 24 2018



COGENCYGLOBAL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: 7/24/18

Account#: 120000000088

Name: KEN HOWELL

Reference #: C023206

Entity Name: FLORIDA PHYSICAL THERAPY SERVICES OF PENSACOLA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

ISSUES - CALL KEN @  
518-213-0738

Authorized Amount: \$25.00

Signature: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, 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: FLORIDA PHYSICAL THERAPY SERVICES OF PENSACOLA, LLC.

2. (a) Principal office address of limited liability company: 901 Hugh Wallis Road South  
(Note: **MUST BE STREET ADDRESS**)

Lafayette, LA 70508

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

901 Hugh Wallis Road South

Lafayette, LA 70508

April 5, 2018

3. Date of filing/registration in Florida

4. Document number

L18000084664

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

**NEW** Registered Agent:

COGENCY GLOBAL INC.

**NEW** Registered Office Address:

115 North Calhoun St., Suite 4

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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.

/s/ Donald Stelly

Signature of a member or authorized representative of a member

Donald Stelly

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.*

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

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

**FILING FEE: \$25.00**