

L18 00000 887 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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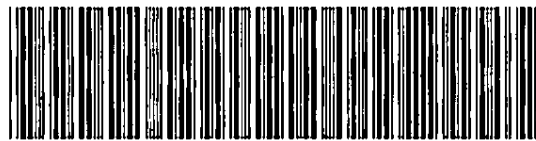
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

SQ 09/21/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sotolongo Therapy Services 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:

Yanet Gonzalez Sotolongo

\_\_\_\_\_  
Name of Person

Sotolongo Therapy Services LLC

\_\_\_\_\_  
Firm/Company

2501 SW 17TH AVE

\_\_\_\_\_  
Address

Miami FL 33133

\_\_\_\_\_  
City/State and Zip Code

jglezsotolongo@yahoo.com.mx

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

For further information concerning this matter, please call:

Yanet Gonzalez Sotolongo

631 9127666  
at ( )

\_\_\_\_\_  
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: Sotolongo Therapy Services LLC
2. (a) 8220 SW 24TH ST Unit 4112, North Lauderdale, FL 33068  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 8220 SW 24TH ST Unit 4112  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
North Lauderdale, FL 33068
3. 04/09/2018 Date of filing/registration in Florida
4. L18000088729 Document number
5. (a) Yanet Gonzalez Sotolongo  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2501 SW 17TH AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
MIAMI, FL 33133
- (b) Yanet Gonzalez Sotolongo  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
8220 SW 24TH ST Unit 4112  
**NEW Registered Office Address**:  
North Lauderdale, FL 33068

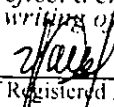
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**2020 JUL 27 AM 11:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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

Yanet Gonzalez Sotolongo  
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.*

  
Signature of Registered Agent