

L18 000231060

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(City/State/Zip/Phone #)

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MAR 21 2020
S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

2020 MAR -2 PM 2:48

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reflex Recovery 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:

Phillip Dolamore

Name of Person

Reflex Recovery LLC

Firm/Company

1832 Monte carlo Way

Address

Coral Springs FL 33071

City/State and Zip Code

pdolamore@gmail.com

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

For further information concerning this matter, please call:

Phillip Dolamore 954 319 2186
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: <u>Reflex Recovery LLC</u>	
2. (a) <u>2298 Colbert lane.</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>Palm Coast</u> <u>FL 32137</u>	(b) <u>2298 Colbert Lane</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>Palm Coast</u> <u>FL 32137</u>
3. <u>September 28th 2018</u> Date of filing/registration in Florida	4. <u>L18000231060</u> Document number
5. (a) <u>Phillip Dolamore</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>Phillip Dolamore</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>1832 Monte Carlo Way</u> <u>Coaral Springs</u> , FL <u>32137</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Phillip Dolamore</u> <u>NEW Registered Office Address:</u> <u>2298 Colbert lane</u> <u>Palm Coast</u> , FL <u>32137</u>	

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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.

<u></u> Signature of a member or authorized representative of a member	<u>Phillip Dolamore</u> Printed or typed name of signer
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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