

L190000 74683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

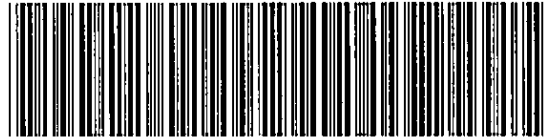
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCING THERAPEUTIC OUTCOMES 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:

CARRIE ROWLETT
Name of Person

ADVANCING THERAPEUTIC OUTCOMES LLC
Firm/Company

1338 ATLANTA AVENUE
Address

ORLANDO, FL 32803
City/State and Zip Code

Carrie@therapeutic-outcomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE ROWLETT at (404) 395-4009
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
PREVIOUSLY PAID (\$35)

☐ \$55 Filing Fee & Certified Copy



REC

2020 APR 29 15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2020

CARRIE ROWLETT
1338 ALTALOMA AVENUE
ORLANDO, FL 32803

SUBJECT: ADVANCING THERAPEUTIC OUTCOMES LLC
Ref. Number: L19000074683

We have received your document for ADVANCING THERAPEUTIC OUTCOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00007453

**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: ADVANCING THERAPEUTIC OUTCOMES LLC

2. (a) 1338 ALPALOMA AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

ORLANDO, FL 32803

(b) 1338 ALPALOMA AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32803

3. MARCH 18, 2019
Date of filing/registration in Florida

4. 619000074683
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT, SUITE A
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

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

1338 ALPALOMA AVE
NEW Registered Office Address:

ORLANDO, FL 32803

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.

Carl Rowlett
Signature of a member or authorized representative of a member

CARLIE ROWLETT
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.

Carl Rowlett
Signature of Registered Agent

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