

L19 000 200 313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

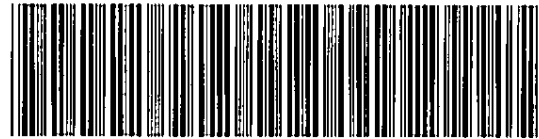
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV - 3 2021

Office Use Only



000374340320

10/25/21--01019--009 **25.00

FILED
2021 OCT 25 AM 6:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399
QD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aries PT 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:

Kristine Scotto

Name of Person

Aries PT LLC.

Firm/Company

1115 E. Sunrise Blvd

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

operations@ariesphysicaltherapy.com

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

For further information concerning this matter, please call:

William Kelley

207 458-7273
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: Aries PT LLC.

2. (a) Aries PT LLC. (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

1115 E. Sunrise Blvd

Fort Lauderdale, FL 33304

08/01/2019

L19000200313

3. 08/01/2019 Date of filing/registration in Florida

4. L19000200313 Document number

5. (a) William Kelley

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1115 East Sunrise Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33304

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

Bronna N. Davis

NEW Registered Office Address:

6290 N. Federal Highway

Fort Lauderdale, FL 33308

FILED
2021 OCT 25 AM 9:25
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.

William Kelley
Signature of a member or authorized representative of a member

William Kelley

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.

William Kelley
Signature of Registered Agent