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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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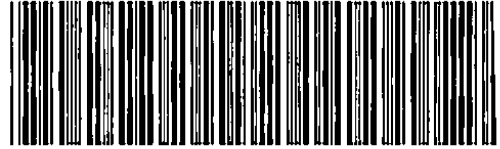
(Business Entity Name)

(Document Number)

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2019 OCT -3 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia Foot Care, 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:

Dr. Tyler Floyd, DPM

Name of Person

Magnolia Foot Care, LLC

Firm/Company

235 Citrus Tower Blvd, Suite 103

Address

Clermont, FL 34711

City/State and Zip Code

tylerfloyd1855@gmail.com

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

For further information concerning this matter, please call:

Tyler Floyd

at (601)

382-1450

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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
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 Florida.

1. Name of the limited liability company: Magnolia Foot Care, LLC

2. (a) 235 Citrus Tower Blvd, Suite 103 (b) 235 Citrus Tower Blvd, Suite 103

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Clermont, FL 34711

Clermont, FL 34711

08/09/2019

L19000203300

3. Date of filing/registration in Florida 4. Document number

5. (a) Tyler Floyd

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

7765 Lake Worth Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

320

Lake Worth, FL 33467

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

235 Citrus Tower Blvd, Suite 103

NEW Registered Office Address:

Clermont, FL 34711

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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]
Signature of a member or authorized representative of a member

Tyler C. Floyd, DE
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 understand 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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00