

# L19000243335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

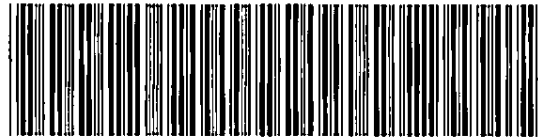
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 08 2022

ALBRITTON



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/07/2022

Name: Chris Vick

Reference #: 1594286

Entity Name: ABC REFLEXOLOGY SERVICES, PLLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

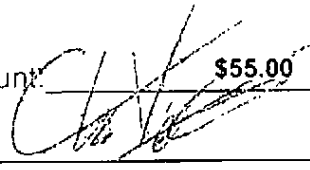
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$55.00

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABC REFLEXOLOGY SERVICES, PLLC

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:

Name of Person

Scolaro Fetter Grizanti & McGough, P.C.

Firm/Company

507 Plum Street, Suite 300

Address

Syracuse, NY 13204

City/State and Zip Code

Wammd@aol.com

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

For further information concerning this matter, please call:

Anthony Grizanti, Esq.

at ( 315 ) 471-8111

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: ABC REFLEXOLOGY SERVICES, PLLC
2. (a) THE LLC (b) THE LLC
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 5550 Heron Point Drive, Unit 801, St. Nicole 5550 Heron Point Drive, Unit 801, St. Nicole
- Naples, Florida 34108 Naples, Florida 34108
- October 8, 2019 L19000243335
3. Date of filing/registration in Florida 4. Document number

5. (a) COGENCY GLOBAL, INC.
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

115 North Calhoun Street, Suite 4

Tallahassee, FL 32301

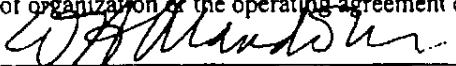
- (b) W. Anthony Mandour
- Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5550 Heron Point Drive, Unit 801, St. Nicole

Naples, FL 34108

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.

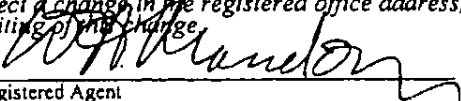


Signature of a member or authorized representative of a member

W. Anthony Mandour

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

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

**FILED**  
2022 FEB - 7 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FL