

L20000224557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

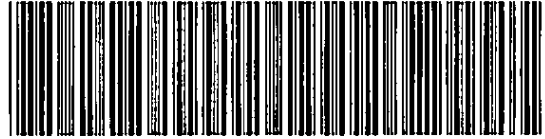
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

LIGHTSEY & ASSOCIATES, P.A.

222 W. COMSTOCK AVE.
SUITE 200
WINTER PARK, FLORIDA 32789
Telephone: (407) 622.0025
marcy@lightseylaw.com

To: Division of Corporations
From: Marcy Kast
Date: December 15, 2022
Re: Change of Registered Agent/Registered Office

Enclosed is our firm check in the amount of \$325.00 which represents your fees for filing (i) the thirteen (13) Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company enclosed.

Please contact me if you have any questions.

Via Federal Express:
Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: DR SCOTTSBORO, LLC

2. (a) 1801 S KEENE ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

CLEARWATER, FL 33756

(b) 1801 S KEENE ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

CLEARWATER, FL 33756

08/04/2020

1.20000224557

3. Date of filing/registration in Florida

4. Document number

5. (a) ALTON L. LIGHTSEY

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

2105 PARK AVENUE NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER PARK, FL 32789

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

222 WEST COMSTOCK AVENUE

NEW Registered Office Address:

SUITE 200

WINTER PARK, FL 32789

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

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**