

10/13/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L20000309437

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCOME TAXES 4EVER CORP  
Account Number : I20200000153  
Phone : (786)262-0661  
Fax Number : (305)503-9670

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: HMMidia2.0220@nol.com

## LLC REGISTERED AGENT CHANGE DISTANCE PHYSICAL THERAPY SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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October 28, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DSTANCE PHYSICAL THERAPY SERVICE LLC  
8130 SW 13 TERR  
MIAMI, FL 33144

SUBJECT: DSTANCE PHYSICAL THERAPY SERVICE LLC  
REF: L20000309437

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

THE NAME ON THE FAX AUDIT COVER SHEET IS "TRAINER'S EDGE, LLC" HOWEVER, THE NAME ON THE DOCUMENT IS "DSTANCE PHYSICAL THERAPY SERVICE LLC." -THE NAME ON THE FAX AUDIT COVERSHEET MUST MATCH THE NAME ON THE DOCUMENT.

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.

Rebekah White

Regulatory Specialist II Supervisor

FAX Aud. #: E20000357121

Letter Number: 420A00021469

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISTANCE PHYSICAL THERAPY SERVICE 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:

GEISY VALDEZ

Name of Person

DSTANCE THERAPY SERVICE LLC

Firm/Company

8130 SW 13TH TERR

Address

MIAMI, FL 33144

City/State and Zip Code

MIMIDIAZ0220@AOL.COM

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

For further information concerning this matter, please call:

GEISY VALDEZ

at ( 786 )

2620661

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: DSTANCE PHYSICAL THERAPY SERVICE LLC

2. (a) 8130 SW 113TH TERR MIAMI, FL 33144  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 09/30/2020 Date of filing/registration in Florida

4. 1.20000309437 Document number

5. (a) 09/30/2020  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
DAISY CABALLERO  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
8130 SW 113TH TERR  
MIAMI, FL 33144

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
GEISY VALDEZ  
NEW Registered Office Address:  
8130 SW 113TH TERR  
MIAMI, FL, FL 33144

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

GEISY VALDEZ

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