

K210000 197949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 MAY 13 PM 4:14

CONFIDENTIAL

5/18/2022

COVER LETTER

TO: Registration Section
Division of Corporations

Revolution Physical Therapy, LLC

SUBJECT: _____
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:

Jessica Young

Name of Person

Revolution Physical Therapy

Firm/Company

5253 Magellan Way W

Address

Delray Beach, Florida 33484

City/State and Zip Code

Tyson@therevolutionpt.com

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

For further information concerning this matter, please call:

Jessica Young

Name of Person

at (_____) 407-701-0242

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 13 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FL

April 28, 2022

WILLIAM YOUNG
5253 MAGELLAN WAY W
DELRAY BEACH, FL 33484

SUBJECT: REVOLUTION PHYSICAL THERAPY, LLC
Ref. Number: L21000197949

We have received your document for REVOLUTION PHYSICAL THERAPY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file using only one (1) registered agent and one (1) signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00009920

**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: Revolution Physical Therapy ,LLC

2. (a) Revolution Physical Therapy (b) Revolution Physical Therapy

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

141 NW 20th St A3

5253 Magellan Way W

Boca Raton, FL 33431

Delray Beach, Florida 33484

04/28/2021

L21000197949

3. Date of filing/registration in Florida

4. Document number

5. (a) Revolution Physical Therapy

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

Kron, Kurtis P., CPA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3923 NW 21st Street

Coconut Creek

FL

33066

(b) Revolution Physical Therapy

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

Jessica Young

NEW Registered Office Address:

5253 Magellan Way W

Delray Beach

FL

33484

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.

J Young
Signature of a member or authorized representative of a member

Jessica Young

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 of this change.

J Young
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00