

L21000238453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

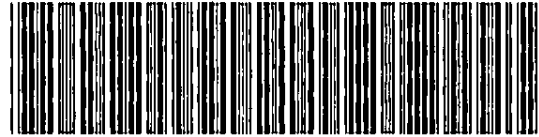
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300387606973

05/13/22--01013--002 **25.00

2022 MAY 13 PM 3:52

Ja

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TheraPT 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:

Didier Alexander

Name of Person

TheraPT LLC

Firm/Company

1701 SE Tiffany Ave, Suite 102

Address

Port St. Lucie, FL 34952

City/State and Zip Code

TheraP'TLLC@gmail.com

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

For further information concerning this matter, please call:

Didier Alexander

772

732-0000

at ()

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: <u>TheraPT LLC</u>	
2. (a) <u>1701 SE Tiffany Ave</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 102</u> <u>Port St Lucie, FL 34952</u> <u>5/21/2021</u> Date of filing/registration in Florida	(b) <u>1701 SE Tiffany Ave</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 102</u> <u>Port St Lucie, FL 34952</u> <u>L21000238453</u> Document number
3. <u>Zenbusiness Inc</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>336 E. College Ave, Suite 301</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Tallahassee, FL 32301</u>	
5. (a) <u>Didier Alexander</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1701 SE Tiffany Ave</u> <u>NEW Registered Office Address:</u> <u>Suite 102</u> <u>Port St Lucie, FL 34952</u>	

9009 MAY 13 PM 3:52

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]
Signature of a member or authorized representative of a member

Didier Alexander

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 in writing of this change.

[Signature]
Signature of Registered Agent