

h22 000 213 963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

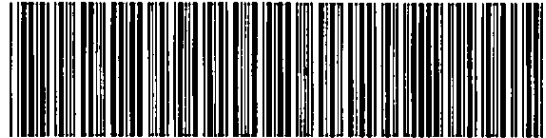
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800389593448

06/21/22--01008--025 ++25.00

FILED  
2022 JUN 21 PM 1:17  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

SEP - 9 2022

S. PRATHEF

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RESTORATIVE IV THERAPY  
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:

DR. DAVID A. MARQUIS  
Name of Person

RESTORATIVE IV THERAPY  
Firm/Company

1101 NW 101 WAY  
Address

PLANTATION, FL 33322  
City/State and Zip Code

DAVEMARQUIS@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. DAVID MARQUIS at ( 954 ) 258 6715  
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: RESTORATIVE IV THERAPY

2. (a) 1101 NW 101 WAY (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PLANTATION

FL 33322

3. 6/6/2022 4. L 22 000213963

Date of filing/registration in Florida

Document number

5. (a) INC AUTHORITY RA

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 NORTH ORANGE AVE STE. 2300-N  
ORLANDO, FL 32801

(b) DAVID MARQUIS

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

DAVID MARQUIS DO.  
NEW Registered Office Address:

1101 NW 101 WAY

PLANTATION, FL 33322

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