

M13000002849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

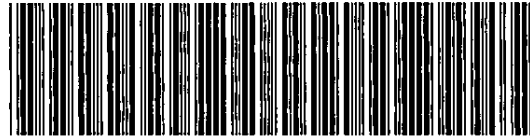
(Document Number)

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

Special Instructions to Filing Officer:

600

Office Use Only



700287334457

07/21/16--01021--022 \*\*25.00

AUG 04 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 21 AM 11:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2016

EDITH VILLANUEVA  
PO BOX 5345  
DESTIN, FL 32540

SUBJECT: RACОВI THERAPY SERVICES, LLC  
Ref. Number: M13000002849

TALLAHASSEE, FLORIDA

2016 AUG -3 PM 3:02

We have received your document for RACОВI THERAPY SERVICES, 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00015386

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 21 AM 11:40

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RACONI THERAPY SERVICES, 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:

EDITH VILLANUEVA  
Name of Person

Firm/Company

PO BOX 5345  
Address

DESTIN FL 32540  
City/State and Zip Code

payemon910@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDITH VILLANUEVA at ( 812 ) 841-8477  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 21 AM 11:40

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: RAYCUI THERAPY SERVICES, LLC

2. (a) 8146 BIRCHFIELD DR

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

INDIANAPOLIS IN 46268

(b) 8146 BIRCHFIELD DR

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

INDIANAPOLIS IN 46268

3. 05/06/2013  
Date of filing/registration in Florida

4. M1300000 2849  
Document number

5. (a) INCORP SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67TH COURT NORTH  
LOXA HATCHER, FL 33470

(b) EDITH VILAMUEVA

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

**NEW Registered Office Address:**

~~PO BOX 5345~~ RV 4201 INDIAN BAYOU TRAIL, UNIT 2211

DESTIN, FL ~~32541~~ RV 32541

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

RAYMOND C. VILAMUEVA  
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