

P07002135597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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A. BUTLER

SEP 21 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 894606 8365806

AUTHORIZATION : 

COST LIMIT : \$ 35.00

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ORDER DATE : August 19, 2022

ORDER TIME : 10:29 AM

ORDER NO. : 894606-010

CUSTOMER NO: 8365806  
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CHANGE OF AGENT

NAME: TLC PEDIATRIC THERAPIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLC PEDIATRIC THERAPIES, INC.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Simpson

(Name of Person)

KidsSPOT

(Firm/Company)

5901 SW 74th Street, Suite 210

(Address)

Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Brosseau

(Name of Person)

508

at ( )

494-1922

(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:**

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR  
REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. TLC PEDIATRIC THERAPIES, INC  
(Name of alien business organization)
2. 01/01/2008 3. P07000135597 4. 26-1672904  
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 4705 S Apopka Vineland Road, Suite 100, Orlando, FL 32819  
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

Doug Stafford

13506 Summerport Village Parkway, Suite 410

Windermere, FL 34786

7. New registered agent and/or office address:


Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

(Note: Registered office must be a Florida street address)


8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10.   
(Signature of chairman, vice chairman, or officer)

11. Logan Thompson, CFO  
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

  
(Registered agent accepting appointment)

9/20/22

(Date)

**FILING FEE: \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314**

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2022 SEP 20 AM 9:52  
DEPT. OF STATE