

P11000087162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

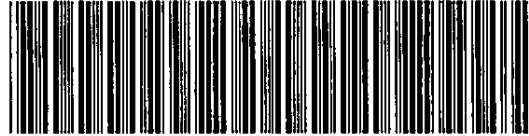
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600287336446

07/22/16--01012--022 **35.00

2016 JUL 22 AM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 01 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICK HAUPT PHYSICAL THERAPY
Name of Corporation

DOCUMENT NUMBER: P11000087162

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICK HAUPT
Name of Contact Person

RICK HAUPT PHYSICAL THERAPY
Firm/Company

874 HILLCREST DR
Address

NOKOMIS FL 34275
City/State and Zip Code

RICKHAUPT@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK HAUPT at (941) 955-1239
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RICK HAUP PHYSICAL THERAPY
2. The principal office address: 2999 S. TAMAMI TRAIL SUITE 2
SARASOTA FL 34239
3. The mailing address (if different): ~~874 HILLCREST DR~~
4. Date of incorporation/qualification: 10/4/2011 Document number: P110000087162
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BRIAN PALMER
2937 BEE RIDGE RD #2
SARASOTA FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RICK HAUP
874 HILLCREST DR
P.O. Box NOT acceptable
NOXON FL 34275

2016 JUL 22 AM 5:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

RICHARD H HAUP PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/14/16
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***