

P 1100008770

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R. White*

NOV 18 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2013

CONNIE WINKLER  
CONNIE WINKLER DPT INC  
4201 BENSON AVE N  
ST PETERESBURG, FL 32713

SUBJECT: CONNIE WINKLER, D.P.T. INC.  
Ref. Number: P11000087170

We have received your document for CONNIE WINKLER, D.P.T. INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 413A00025236

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Connie Winkler, DPT Inc.  
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:

Connie Winkler  
Name of Person

Connie Winkler, DPT Inc  
Firm/Company

4201 Benson Ave N  
Address

St Petersburg, FL 33713  
City/State and Zip Code

cpemberston4@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Winkler at (727) 365-8525  
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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Connie Winkler, DPT Inc.  
2. The principal office address: 4201 Benson Ave N  
St Petersburg, FL 33713  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/4/2011 Document number: P11 0000 87170

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)

4201 Benson Ave N  
St Petersburg, FL  
33713

(OID Address  
6616 Bayberry Ln  
St Pete 33707 S.

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

4201 Benson Ave N  
St Petersburg FL  
33713  
P.O. Box NOT acceptable

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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.

Connie Winkler  
Signature of an officer or director

Connie Winkler CEO  
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.

Connie Winkler  
Signature of Registered Agent

11/18/13  
Date

If signing on behalf of an entity:

Connie Winkler  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)