

P11000100473

(Requestor's Name)

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(Business Entity Name)

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@ 11.26.13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kids Therapy Place INC

Name of Corporation

**DOCUMENT NUMBER:** P11000100473

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:

**Johanna Gonzalez**

Name of Contact Person

**Kids Therapy Place INC**

Firm/Company

**11910 NW 20th Street**

Address

**Pembroke Pines FL 33026**

City/State and Zip Code

**Jogonzalez06@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Johanna Gonzalez**

Name of Contact Person

at ( **954** ) **2985937**

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

1. The name of the corporation: Kids Therapy Place INC
2. The principal office address: 11910 NW 20th Street, Pembroke Pines FL, 33026
3. The mailing address (if different): 11910 NW 20th Street, Pembroke Pines FL, 33026
4. Date of incorporation/qualification: 11/21/2011 Document number: P11000100473
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)

Johanna Gonzalez

10596 NW 6th Street

Pembroke Pines FL 33026

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

Johanna Gonzalez

11910 NW 20th Street

P.O. Box NOT acceptable

Pembroke Pines FL 33026

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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.

Johanna Gonzalez  
Signature of an officer or director

Johanna Gonzalez

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.*

Johanna Gonzalez  
Signature of Registered Agent

10/28/13

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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