

P1200006113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

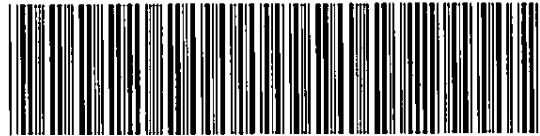
(Business Entity Name)

(Document Number)

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*R. White*

R. WHITE

FEB 21 2018

FILED  
18 FEB 20 AM 11:45  
FEB 20 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Intention Wellness Inc. Physical Therapy Services  
Name of Corporation

**DOCUMENT NUMBER:** P12000064113

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:

Lourdes M Palmer

Name of Contact Person

Intention Wellness Inc., Physical T

Firm/Company

PO BOX 772426

Address

Miami, FL 33177

City/State and Zip Code

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

For further information concerning this matter, please call:

Lourdes M Palmer

Name of Contact Person

at ( 305 ) 562-4493

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: Intention Wellness Inc., Physical Therapy Services

2. The principal office address: 16816 SW 137th Ave., #1211  
Miami, FL 33177

3. The mailing address (if different): PO BOX 772426  
Miami, FL 33177

4. Date of incorporation/qualification: 07/23/2012 Document number: P1200064113

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)

Lourdes M Palmer

15437 SW 137th Ave

Miami, FL 33187

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

Lourdes M Palmer

16816 SW 137th Ave, #1211

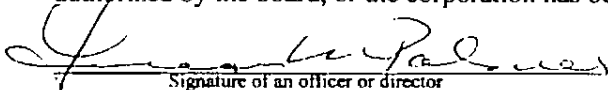
P.O. Box NOT acceptable

Miami, FL 33177

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TALLAHASSEE, FL

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

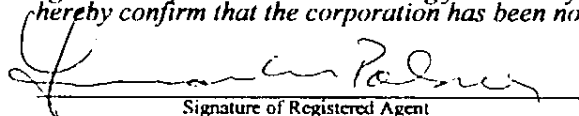
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Lourdes M Palmer, 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 of Registered Agent

1/24/2018  
Date

If signing on behalf of an entity:

Lourdes M Palmer, President

Typed or Printed Name

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