

P13000083650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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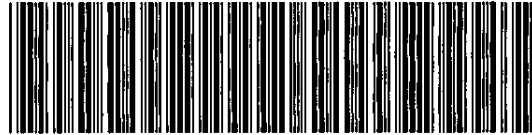
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KAM PHYSICAL THERAPY, INC
Name of Corporation

DOCUMENT NUMBER: P130000 83650

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:

Keith Martin

Name of Contact Person

KAM Physical Therapy, INC,

Firm/Company

103 Summer Winds Lane

Address

Jupiter FL 33458

City/State and Zip Code

KAMphysicaltherapy@gmail.com

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

For further information concerning this matter, please call:

Keith Martin

Name of Contact Person

at (341) 385-1043

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

1. The name of the corporation: KAM Physical Therapy, INC.
2. The principal office address: 103 Summerwinds Lane
Jupiter FL 33458
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/10/2013 Document number: PI30000 83650
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)

Corporation Services Company
1201 Hays Street
TALLAHASSEE, FL 32301

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

Keith Martin
103 Summerwinds Lane
Jupiter, FL 33458

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.

Keith A. Martin
Signature of an officer or director

Keith Martin 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.

Keith A. Martin
Signature of Registered Agent

11/4/15
Date

If signing on behalf of an entity:

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