

P14000005743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C. LEWIS

AUG 8 2014

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Susan Woodcox Therapy Inc  
Name of Corporation

**DOCUMENT NUMBER:** P14000005743

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:

Susan Woodcox

Name of Contact Person

Susan Woodcox Therapy Inc

Firm/Company

915 Chapel Oaks Ct

Address

Winter Garden, FL 34787

City/State and Zip Code

susanwoodcox1@gmail.com

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

For further information concerning this matter, please call:

Susan Woodcox

Name of Contact Person

at ( 630 ) 697-3126

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: Susan Woodcox Therapy, Inc
2. The principal office address: 915 Chapel Oaks Ct, Winter Garden, FL 34787
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/21/2014 Document number: P14000005743

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)

Susan Woodcox

8180 Boat Hook Loop #317

Windermere, FL 34786

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

Susan Woodcox

915 Chapel Oaks Ct

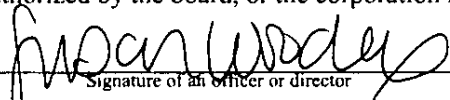
P.O. Box NOT acceptable

Winter Garden, FL 34787

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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.

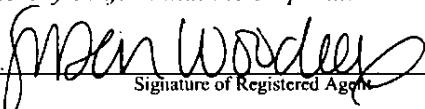
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Susan Woodcox

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

07/27/2014

Date

If signing on behalf of an entity:

Susan Woodcox  
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