

P16000000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

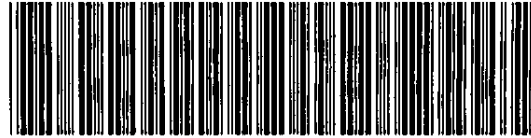
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300295113803

02/06/17--01052--009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB -6 P 3:00

FILED

FEB 08 2016

T. LEMIEUX

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Headache & TMD Physical Therapy

Name of Corporation

DOCUMENT NUMBER:

P16000006761

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:

Robert Murdocco

Name of Contact Person

Headache & TMD Physical Therapy

Firm/Company

4000 Towerside Ter Apt 1912

Address

Miami, FL 33138

City/State and Zip Code

robertmurdocco@gmail.com

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

For further information concerning this matter, please call:

Robert Murdocco

Name of Contact Person

at (**305**) **3423890**

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: Headache & TMD Physical Therapy
2. The principal office address: 4000 Towerside Ter, Apt 1912
Miami, FL 33138
3. The mailing address (if different): 4000 Towerside Ter, Apt 1912
Miami, FL 33138
4. Date of incorporation/qualification: 12/31/2015 Document number: _____
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)
United States Corporation Agents, Inc
13302 Winding Oak Court, A
Tampa, FL 33612

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

Robert Murdocco

4000 Towerside Ter, Apt 1912

P.O. Box NOT acceptable

Miami, FL 33138

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.

Robert Murdocco
Signature of an officer or director

Robert Murdocco (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.

Robert Murdocco
Signature of Registered Agent

02/01/2017

Date

If signing on behalf of an entity:

Robert Murdocco

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