## 22000409477

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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/06/22

NAME: 100 CHIRO MARTIN SANDERS PLLC

TYPE OF FILING: CHANGE OF RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
<b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	` , :	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1605 COUNTY ROAD 220 #165		1605 COUNTY ROAD 220 #165
	FLEMING ISLAND, FL 32003		FLEMING ISLAND, FL 32003
	SEPTEMBER 20, 2022		L22000409477
	Date of filing/registration in Florida	4.	Document number
(a)			
( )	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State:
	AYLA ROSE YARBROUGH DC		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	1620 COUNTY ROAD 220 #165		
	FLEMING ISLAND	, FL_32003	2022 SEP 28 ************************************
/L)			
(b)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	ress: 여우 호 :===
			ress:
	AYLA ROSE YARBROUGH		四三 四三
	NEW Registered Office Address:		
	1605 COUNTY ROAD 220 #165		
	FLEMING ISLAND	, FL 32003	
ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member of the present of the operating agreement of	f the registered d liability cor ers of the fimi	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
1	I former a	AYL	A ROSE YARBROUGH DC / FALELL CANDENS:
anature of a member or authorized representative of a member		-	Printed or typed name of signee
ierel ovisi obl	by accept the appointment as registered agent and ons of all statutes relative to the proper and compingations of my position as registered agent as proving the compinents of my position as registered agent as proving the compinents of my position as registered agent as proving the compinents of the	l agree to act l lete performa vided for in C	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been



Original Park

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2022

TALLAS SERVICE

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: 100 CHIRO MARTIN SANDERS PLLC

Ref. Number: L22000409477

We have received your document for 100 CHIRO MARTIN SANDERS PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 622A00021698

Aplease Keep original filing date. #

-Please also ude DC is not a corporate endigne They're only changing the address, but we are leaving off DC if that's the issue.

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