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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 JUN 28 PM 3:56

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLEARWATER CHIROPRACTIC CENTER  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JARRETT GRUNSTEIN

Name of Person

CLEARWATER CHIROPRACTIC CENTER

Firm/Company

1727 MAGNOLIA ROAD

Address

BELLEAIR FL 33756

City/State and Zip Code

JGSPINEEZ@GMAIL.COM

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

For further information concerning this matter, please call:

JARRETT GRUNSTEIN

Name of Person

at ( 303 ) 241-5769

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JUN 28 PM 3:56

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: CLEARWATER CHIROPRACTIC CENTER

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

4625 EAST BAY DRIVE, SUITE 301  
CLEARWATER, FL 33764

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SAME

NONE

3. Date of filing/registration in Florida

6/6/2006

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JARRETT GRUNSTEIN

Registered Office Address:

4625 EAST BAY DR., SUITE 301  
CLEARWATER, FL 33764

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

SAME - JARRETT GRUNSTEIN

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

1727 MAGNOLIA ROAD  
BELLEAIR, FL 33756  
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JARRETT GRUNSTEIN  
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00