106000113644

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity) Otate/Ziph Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900313786739

05/29/18--01024--081 **55.80



MAY 29 2018

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	CHRISTOPHER BRETZ, D.C., P.L.L.C.					
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office C	Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
CHRIS	STOPHER BRETZ					
	Name of Person					
CHRISTOPHER BRETZ, D.C., P.L.L.C.						
	Firm/Company					
5989 APPROACH ROAD						
	Address	-	<u> </u>			
SARASOTA, FLORIDA 34238						
	City/State and Zip Code					
•	nnlim@yahoo.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
SOPH	ANN BRETZ	941	600-4912			
	Name of Person	\ 	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☐ \$25 Filing Fee	2 9	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

l. Na	me of the limited liability company: CHRISTOPH	ER BRETZ	Z, D.C., P.L.L.C.	
2. (a)	CHRISTOPHER BRETZ	(b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited (Note: MAY BE POS	d liability company:
	5989 APPROACH ROAD	59	89 APPROACH ROAD	l
	SARASOTA, FL 34238	S.	ARASOTA, FL 34238	
				500
	SEPTEMBER 8, 2014	<u> </u>	1000139507 LOGO	200113644
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CHRISTOPHER BRETZ			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot, of State:	
	5989 APPROACH ROAD			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
				· 🛁
(b) .	SARASOTA, FI	34238		HAY P
	SOPHANN BRETZ		·	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	S:	14.59 May 1997
	NEW Registered Office Address:			•
	5989 APPROACH ROAD			
				
	SARASOTA	34238		
the cha agent was/w the art Signal I here provis the ob- to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization of the appropriate agreement of the authorized refresentative of a member of the appointment as registered agent and against of all statutes relative to the proper and complete lighted a change in the registered agent as provided by reflect a change in the registered office address. It is writing of his change.	f the registere iability composite limited liab CHRIS	ed office and the business of any, it is hereby confirmed a liability company or as other ility company. STOPHER BRETZ Printed or typed name this capacity. I further over	ffice of the registered that the change(s) acrwise provided in of signee
Signati	are of Regulered Agent			