

L07000067977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

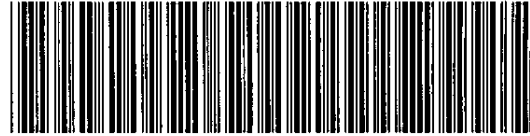
(Business Entity Name)

(Document Number)

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15 JUN 24 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 25 2015

T. HARRINGTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ottaviani Chiropractic Center, LLC  
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:

Andrew Ottaviani

Name of Person

Ottaviani Chiropractic Center, LLC

Firm/Company

1515 Herbert Street, Ste. 209

Address

Port Orange, FL 32129

City/State and Zip Code

AOChiropractic@yahoo.com

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

For further information concerning this matter, please call:

Andrew Ottaviani at ( 386 ) 366-9119  
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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN 24 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 12, 2015

ANDREW OTTAVIANI  
1515 HERBERT ST  
STE 209  
PORT ORANGE, FL 32129

SUBJECT: OTTAVIANI CHIROPRACTIC CENTER, LLC  
Ref. Number: L07000067977

We have received your document for OTTAVIANI CHIROPRACTIC CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 215A00012386

**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.*

1. Name of the limited liability company: Ottaviani Chiropractic Center, LLC

2. (a) Ottaviani Chiropractic Center, LLC (b) Ottaviani Chiropractic Center, LLC

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1515 Herbert Street, Ste. 209  
Port Orange, FL 32129

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
1515 Herbert Street, Ste. 209  
Port Orange, FL 32129

3. 06/28/2007  
Date of filing/registration in Florida

4. L07000067977  
Document number

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

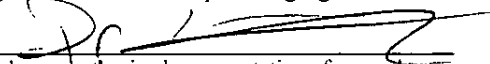
Ottaviani Chiropractic Center, LLC  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1515 Herbert Street, Ste. 209  
Port Orange, FL 32129

**FILED**  
15 JUN 24 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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


Ottaviani Chiropractic Center, LLC  
**NEW** Registered Office Address:  
1515 Herbert Street, Ste. 209  
Port Orange, FL 32129

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

Andrew J. Ottaviani  
Printed or typed name of signee

*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 605, 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