

LI 000119972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2021

RACHEL MOULDS
6266 NORTH W STREET
PENSACOLA, FL 32505

SUBJECT: MOULDS CHIROPRACTIC, LLC
Ref. Number: L11000119972

We have received your document for MOULDS CHIROPRACTIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00000493

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moulds Chiropractic 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:

Rachel Moulds

Name of Person

Moulds Chiropractic LLC

Firm/Company

6266 North W Street

Address

Pensacola FL 352505

City/State and Zip Code

mouldschiro@yahoo.com

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

For further information concerning this matter, please call:

Rachel Moulds

850 449-8855
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Moulds Chiropractic LLC

2. (a) Moulds Chiropractic LLC (b) Moulds Chiropractic LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

6266 N W ST

Pensacola FL 32505

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

6266 N W ST

Pensacola FL 32505

10/19/2011

L11000119972

3. Date of filing/registration in Florida

4. Document number

5. (a) Ryan L Moulds

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5599 N W ST

Pensacola, FL 32505

(b) Rachel Moulds

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

NEW Registered Office Address:

6266 N W ST

Pensacola, FL 32505

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]
Signature of a member or authorized representative of a member

Ryan L Moulds, DC

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.

Rachel Moulds
Signature of Registered Agent