

L12000034694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

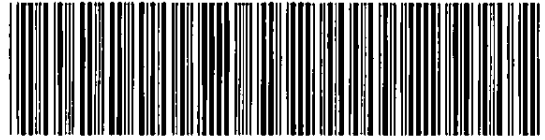
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

APR 25 2024

Office Use Only



900427377199

04/12/24--01015--016 **25.00

FILED
2024 APR 12 AM 9:06
RECEIVED
TO THE SECRETARY
OF THE STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revive Chiropractic & Wellness, 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:

Zachary Stalnaker

Name of Person

Revive Chiropractic & Wellness, LLC

Firm/Company

3546 St. Johns Bluff Rd. S #204

Address

Jacksonville, FL 32224

City/State and Zip Code

zack.stalnaker@gmail.com

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

For further information concerning this matter, please call:

Dr. Zack Stalnaker

904

996-2243

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: Revive Chiropractic & Wellness, LLC

(a) Revive Chiropractic & Wellness, LLC (b) Revive Chiropractic & Wellness, LLC

Principal office address of limited liability company: 3546 St. Johns Bluff Rd. S #204
(Note: **MUST BE STREET ADDRESS**)
Jacksonville, FL 32224

Mailing address of limited liability company: 3546 St. Johns Bluff Rd. S #204
(Note: **MAY BE POST OFFICE BOX**)
Jacksonville, FL 32224

03/12/2012 L12000034694

3. Date of filing/registration in Florida 4. Document number

5. (a) David Wainer
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Ford Miller & Wainer PA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1835 3rd St N
Jacksonville Beach, FL 32250

(b) Zachary Stalnaker
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Revive Chiropractic & Wellness, LLC
NEW Registered Office Address:
3546 St. Johns Bluff Rd. S #204
Jacksonville, FL 32224

FILED
2024 APR 12 AM 9:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

ZSA Zachary Stalnaker
Signature of a member or authorized representative of a member 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 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.

ZSA
Signature of Registered Agent