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Office Use Only

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madani:

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

Please return all correspondence concerning this matter to the following:

Zach sty Stalnaker.

Name of Person

Revive Chiropractic & Wellness, LLC

Firm/Company

3546 St. Johns Bluff Rd, S #204

Address

Ecksonville, FL 32224

. . . . . . .

City/State and Zip Code

2...ek/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:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

S25 Filing Fee

S55 Filing Fee & Certified Copy

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

Presuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company s. Smits the following statement in order to change its registered office or registered agent. or both, in the State of Florida,

tail       Revive Chiropractic & Wellness, LLC       (b)         Principal office address of limited flability company: (Mar. MCST BE STREET ADDRESS)       3546 St. Johns Bluff Rd. S #204         540 St. Johns Bluff Rd. S #204       Jacksonville, FL 32224         03 12-2012       L12000034694         3       Date of filing/registration in Florida       4.         03 12-2012       L12000034694         3       Date of filing/registration in Florida       4.         04 10 Mainer       For Miller & Wainer PA         Prepstered Office Address       (MIST BE FLORID) STREET ADDRESS;         13/5 3 rd St N       Jacksonville Beach         10/5 3 rd St N       Stations Bluff Rd. S #204         10/5 3 rd St N       Jacksonville         10/5 3 rd St N       Jacksonville Beach         10/5 3 rd St N       Jacksonville         10/5 3 rd St N       Jacksonville         10/5 3 rd St N       Jacksonville         10/5 2 stataker       FL         10/5 Stataker       FL <tr< th=""><th>1</th><th>ame of the limited liability company:</th><th>ictic &amp; W</th><th>ellness, LLC</th><th></th><th></th><th></th></tr<>	1	ame of the limited liability company:	ictic & W	ellness, LLC			
Principal office address of limited liability company: (Nate: MAT BE STREET ADDRESS)       Mathing address of limited liability company: (Nate: MAT BE POST OFFICE BOX)         1540 St. Johns Bluff Rd. S = 204       3546 St. Johns Bluff Rd. S = 204         Jacksonville, FL 32224       Jacksonville, FL 32224         03 12-2012       L12000034694         2.       Date of filing/registration in Florida       4.         Document number       Date wave of the shown on the records of the Florida Dept. of State: Ford Miller & Wainer PA       Ford Miller & Wainer PA         P gestered Office Address       (MCST BE FLORIDA STREET ADDRESS)       Image States         1355 3rd St N       Jacksonville, FL 32220       Image States         1365 St. Johns Bluff Rd. S #204       Jacksonville       Jacksonville Beach         1365 St. Johns Bluff Rd. S #204       Jacksonville       Jacksonville Beach         1365 St. Johns Bluff Rd. S #204       Jacksonville       Jacksonville         Jacksonville       Jacksonville       Jacksonville       Jacksonville         Image State address of the Florida Image State of Florida, it is hereby confirmed that after the registered Office address:       Jacksonville       Jacksonville         1365 St. Johns Bluff Rd. S #204       Jacksonville       Jacksonville       Jacksonville         1475 Program       Jacksonville       Jacksonville       Jacksonv	. 14	Revive Chiropractic & Wellness, LLC		Revive Chir	ropractic & Wellness	.LLC	
Jacksonville, FL 32224       Jacksonville, FL 32224         03 12:2012       L12000034694         3.       Date of filing/registration in Florida       4.       Document number         5.       (a)       David Wainer       Experience Agent and Registered Office shown on the records of the Florida Dept. of State:         Ford Miller & Wainer PA       Prophetered Office Address       Interpret PA         Prophetered Office Address       Interpret PA       Interpret PA         Indexsonville       FL 32250       Interpret PA         Interpret PA       Interpret PA       Interpret PA         View Chiropretie & Wellness, LLC       Interpret PA       Interpret PA         Interpret PA       Interpret PA       Interpret PA       Interpret PA         Interpret PA       Interpret PA       Interpret PA       Interpret PA         Interpret PA       File Particle Address:       Interpret PA       Interpret PA         Interpret PA       File Particle Address:       Interpret		Principal office address of limited liability company:		M	•	•	
03 12-2012       L12000034694         3.       Date of filing/registration in Florida       4.       Document number         5       (a)       David Wainer       Begistered Office shown on the records of the Florida Dept, of State:         Feed Miller & Wainer PA       Feed Miller & Wainer PA       Feed Miller & Wainer PA         Performance of Miller & Wainer PA       Feed Miller & Wainer PA       Feed Miller & Wainer PA         Value of the Beach       FL 32250       Feed Miller & Weilness, LLC         Zachary Stalmaker       Fater name of <u>NEW Registered Agent and/or NEW Registered Office address:</u> 3546 St. Johns Bluff Rd. S #204       FE 32224         1. Are Instead flability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered of a the text address of the Tregistered office and the business office of the registered in the business office of the registered in the text address of the Inited Hability company or as otherwise provided in the change(s) every authorized by an affirmative vote of the Inited Hability company or as otherwise provided in the change(s) every authorized by an affirmative vote of the Inited Hability company or as otherwise provided in the change(s) every authorized by an affirmative vote of the Inited Hability company or as otherwise provided in the change(s) every authorized by an affirmative vote of the Inited Hability company.		3540 St. Johns Bluff Rd. S =204		3546 St. Joh	ins Bluff Rd. S #204		
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       Projectered Office Address       MUST BE FLORIDA STREET ADDRESS;         1535 3rd St N       Lacksonville Beach       FL         Zachary Stalnaker       Fater name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :       NP         Revive Chiropractic & Wellness, LLC       SEW Registered Office Address:       23224         1. Acksonville		Jacksonville, FL 32224		Jacksonville	2. FL 32224		
5       (a)       David Wainer         Registered Agent and Registered Office shown on the records of the Florida Dept. of State:       Ford Miller & Wainer PA         Prepietered Office Address       (MUST BE FLORIDA STREET ADDRESS)         18/35 3rd 8t N		03 12/2012		L1200003469	94		
2       (a)       Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Ford Miller & Wainer PA         Prepstered Office Address       (MUST BE FLORIDA STREET ADDRESS)         1535 3rd St N         1525 3rd St N         1526 ard St N         1527 ard St N         1528 ard St Johns Bluff Rd, S #204         1528 ard st detictal. Or, in the case of a Florida street address of the registered office and the business otlice of the registered ard will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) or were authorized by an atlimative vice of the members of the limited liability company or as otherwise provided in the florida agreeme	3.	Date of filing/registration in Florida	4.	۲	Document number		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:         Ford Miller & Wainer PA         Prepistered Office Address         1535 3rd St N         Lacksonville Beach         Zachary Stalnaker         Enter name of <u>SEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :         Revive Chiropractic & Wellness, LLC <u>NEW</u> Registered Office Address:         2546 St. Johns Bluff Rd. S #204         Lacksonville         Lacksonville         Lacksonville         NEW Registered Office Address:         2546 St. Johns Bluff Rd. S #204         Lacksonville         Lacksonville <t< td=""><td>5 (a</td><td>David Wainer</td><td></td><td></td><td></td><td></td><td></td></t<>	5 (a	David Wainer					
1835 3rd St N         Jacksonville Beach       FL         32250         (b)       Zachary Stalnaker         Finter 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		Registered Agent and Registered Office shown on the records o	f the Flori	da Dept, of State:			
(b)       Zachary Stalnaker         (b)       Enter name of NEW Registered Agent and/or NEW Registered Office address:         Revive Chiropractic & Wellness, LLC       The Provide Address:         3546 St. Johns Bluff Rd. S #204       The State of Florida, it is hereby confirmed that after the company is not organized under the laws of the State of Florida, it is hereby confirmed that after the company is not organized under the laws of the State of Florida, it is hereby confirmed that after the company is not organized under the laws of the State of Florida, it is hereby confirmed that after the company of a changes are made, the Florida street address of the registered office and the business office of the registered in will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the change(s) is were authorized by an affirmative vote of the members of the limited liability company. Zachary Stalnaker							
(b)       Filter name of <u>NEW Registered Agent and/or NEW Registered Office address:</u> Revive Chiropractic & Wellness, LLC       NEW Registered Office Address:         3546 St. Johns Bluff Rd. S #204       NEW State of Florida, it is hereby confirmed that after the state of end the business of the registered office and the business of the registered office and the business office of the registered nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the state of organization or the operating agreement of the limited liability company.         Zachary Stalnaker		Jacksonville Beach F	L	32250			
<u>AFW</u> Registered Office Address:         3546 St. Johns Bluff Rd. S #204         Jacksonville         Jacksonville	(b	Zachary Stalnaker				. 2	,
<u>AFW</u> Registered Office Address:         3546 St. Johns Bluff Rd. S #204         Jacksonville         Jacksonville		Finter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	address:		024 /	
<u>AFW</u> Registered Office Address:         3546 St. Johns Bluff Rd. S #204         Jacksonville         Jacksonville		Revive Chiropractic & Wellness, LLC				APR I	
Jacksonville       .FL         32224       .FL         1 the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the trige of changes are made, the Florida street address of the registered office and the business office of the registered in will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the tricks of organization or the operating agreement of the limited liability company.         Zachary Stalnaker		<u>NEW</u> Registered Office Address:			- <u></u> - 1 -	•	
Jacksonville       . FL       32224       277       32         1 the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the company of changes are made, the Florida street address of the registered office and the business office of the registered nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the attribute of organization or the operating agreement of the limited liability company.       Zachary Stalnaker		3546 St. Johns Bluff Rd. S #204					D
<ul> <li>rige of changes are made, the Florida street address of the registered office and the business office of the registered nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the change of organization or the operating agreement of the limited liability company.</li> <li>Zachary Stalnaker</li> </ul>		jacksonville	L 32224			9:03	
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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 incredy reflect a change in the registered office address. Thereby 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