LI3000035136

	_		
(Requestor's Name)			
(Address)	-		
	-		
(Address)			
(City/State/Zip/Phone #)	-		
	_		
(Business Entity Name)			
(Document Number)	-		
Certified Copies Certificates of Status			
	-		
Special Instructions to Filing Officer:]		



10/02/24--01012--020 **55.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

CENTER FOR ADVANCED ACUPUNCTURE & INTEGRATIVE MEDICINE, LLC

SUBJECT:

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:

MATTHEW DEBONA

Name of Person

CENTER FOR ADVANCED ACUPUNCTURE & I.M. LLC

Firm/Company

13920 7TH STREET

Address

DADE CITY, FL 33525

City/State and Zip Code

CFAAIM.WELLNESS@OUTLOOK.COM

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

For further information concerning this matter, please call:

MATTHW DEBONA	813 588-2028 at ()
Name of Person	Arca 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 follo	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



INHS18 (2/14)

STAPEMENT 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.

. Na	me of the limited liability company:	OVANC	ED ACUPUI	NCTURE & INTEGRATIVE MEDICINE, LI
. (a)	13920 Dade City, FL 33525	(1	13920 7th	Street, Dade City, FL 33525
,, (4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
i.	Date of filing/registration in Florida		L13000035	136 Document number
i. (a)	Matthew DeBona			_
	Registered Agent and Registered Office shown on the records of t 13920 7th street, Dade City, FL 33525	he Florida	Dept. of Stat	
	Registered Office Address(MUST BE FLORIDA STREET A)13920 7th Street	<u>IDDRES</u>	22	1071-0CT -2 P! 11:0T
	Dade City FI	FL 3352	:5	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 5854 Argerian Dr. Ste 101, Wesley Chapel, FL 33545 <u>NEW</u> Registered Office Address:	Office ad	<u>dress</u> :	-
	, FL_			-
hange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim limited l	ed office an mpany, it is ited liabilit iability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signat	ure of a member or authorized representative of a member-	Mat	hew R. DeB	Printed or typed name of signee
l hereb rovisio he obli o mere otified	e of Registered Agent	ee to act performa for in C ereby co	in this cape ince of my d Chapter 605 onfirm that	acity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

٠

Registration Section TO: **Division of Corporations**

CENTER FOR ADVANCED ACUPUNCTURE & INTEGRATIVE MEDICINE, LLC SUBJECT:

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:

MATTHEW DEBONA

Name of Person

CENTER FOR ADVANCED ACUPUNCTURE & I.M. LLC

Firm/Company

13920 7TH STREET

Address

DADE CITY, FL 33525			.2
City/State and Zip Code	2		2024 OCT
CFAAIM.WELLNESS@OUTLOOK.COM			
E-mail address: (to be used for future a	innual report notif	ication)	~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~
For further information concerning this matt	er, please call:		
MATTHW DEBONA	813 at (588-2028	
Name of Person		Area Code & Daytir	me Telephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Section	on
Division of Corporations		Division of Corpo	
P.O. Box 6327		The Centre of Tal	
Tallahassee, FL 32314		2415 N. Monroe S	Street, Suite 810
		Tallahassee, FL 32	-
Enclosed is a check for the followi	ng amount:		
\$25 Filing Fee		55 Filing Fee & Certifi	ed 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.	Na	me of the limited liability company:	DVANCE	D ACUPUN	CTURE & INTEGRATIVE MEDICINE, L
2. (a	a)	13920 Dade City, FL 33525	(b)	13920 7th	Street, Dade City, FL 33525
	,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(-/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			 	.130000351	36
3.		Date of filing/registration in Florida	- 4	· · ·	Document number
5. (a)	Matthew DeBona			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	- ::
		13920 7th street, Dade City, FL 33525			
		Registered Office Address (MUST BE FLORIDA STREET) 13920 7th Street	ADDRESS)		
		Dade City, FL	FL 33525		
(է)	5854 Argerian Dr. STE 101, Wesley Chapel, FL 33545			2021 OCT SETALT
(-	.,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
		5854 Argerian Dr. Ste 101, Wesley Chapel, FL 33545			
		NEW Registered Office Address:	<u> </u>		
			-		
		, FL			
chan agen was/v	ge t w we	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	registered bility com f the limit	l office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		MA	Matth	ew R. DeBo	
	_	ire of a member of authorized representative of a member.			Printed or typed name of signee
the o the me	sic bli re	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change	ee to act in performan I for in Ch iereby con	n this capa ice of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent