

L3000108655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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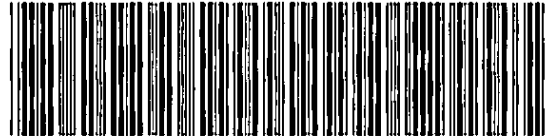
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Ashley Whitford LLC dba Life First chiropractic
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:

Ashley Turus (formally Ashley Whitford)
Name of Person

Dr. Ashley Whitford LLC
Firm/Company

14376 E. Atlantic Blvd Ste F
Address

Pompano Beach, FL 33060
City/State and Zip Code

turusdc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Turus at (954) 941-4000
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

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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: Dr. Ashley Whitford LLC

2. (a) Life First Chiropractic (b) _____

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

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

1436 E. Atlantic Blvd Ste F
Pompano Beach, FL 33060

same

7-31-2013

L13000108655

3. Date of filing/registration in Florida

4.

Document number

5. (a) Ashley Whitford
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1436 E. Atlantic Blvd Ste F
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach FL
" FL. 33060

(b) Ashley Turus (got married)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

same 1436 E. Atlantic Blvd Ste F
NEW Registered Office Address:

Pompano Beach FL. 33060

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CORPORATIONS

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.

Ashley Turus
Signature of a member or authorized representative of a member

Ashley Turus
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.

Ashley Turus
Signature of Registered Agent