

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000117406

FILED
Sep 29, 2014
Secretary of State

Entity Name: FUNCTION, HEALTH AND WELLNESS REHAB CONSULTANTS PLLC

Current Principal Place of Business:

718 BRECKENRIDGE DR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

829 DELTONA BLVD.
204
DELTONA, FL 32725 US

Current Mailing Address:

718 BRECKENRIDGE DR
PORT ORANGE, FL 32127 US

New Mailing Address:

829 DELTONA BLVD.
204
DELTONA, FL 32725 US

FEI Number: 46-3463097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVARIAS, SAMUEL
718 BRECKENRIDGE DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LAVARIAS, SAMUEL
829 DELTONA BLVD
204
DELTONA, FL 32725 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL LAVARIAS

09/29/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: LAVARIAS, SAMUEL
Address: 829 DELTONA BLVD STE 204
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: SAMUEL LAVARIAS

MR.

09/29/2014

Electronic Signature of Authorized Person

Date