

L13000178589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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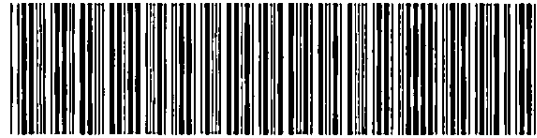
(Business Entity Name)

(Document Number)

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18 OCT -1 PM 4: 20  
TOLSON

OCT 01 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2018

BROOKE IWANSKI  
9101 W COLLEGE POINTE DR, STE 1  
FT MYERS, FL 33919

SUBJECT: DR. BROOKE IWANSKI D.C., LLC  
Ref. Number: L13000178589

We have received your document for DR. BROOKE IWANSKI D.C., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Form not completed, please complete section 5(b).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 618A00019116

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L13000178589

**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 Brooke Jwanski, D.C. LLC

2. (a) 9101 W. College Pointe Dr. (b) 9101 W. College Pointe Dr.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 1 Suite 1  
Fort Myers, FL 33919 Fort Myers, FL 33919

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

5. (a) Brooke Jwanski  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9101 W. College Pointe Dr  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 1  
Fort Myers, FL 33919, FL.

(b) Brooke Jwanski  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
9101 W. College Pointe Dr.  
Suite 1  
Fort Myers, FL 33919

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 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.

[Signature] Brooke Jwanski  
 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.

[Signature]  
 Signature of Registered Agent