## U500196524

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL	-				
(Business Entity Name)					
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TILL BENEFICE

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Kaizen Chiropractic Solu					
I	Name of Limite	d Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing	ng.		
Please return all correspondence concerning	g this matter to	the following:			
Yaran K Diaz					
Name of Person					
Kaizen Chiropractic Solutions					
Firm/Company					
3338 Curry Ford Rd.					
Address					
Orlando, FL 32806			포.	2[	
City/State and Zip Coc	le			2016 APR	
kaizenchiropracticorlando@gmail.co	om		85	20 I	A-market
E-mail address: (to be used for future	annual report r	notification)		co TJ	Ť,
For further information concerning this man	tter, please call	:	STA: FLOR	ښ	
Y. Kai Diaz	407 at (	613-5800	<b>D</b> iri	6	
Name of Person		Area Code & Daytime Te	lephone N	umber	
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 follow	ving amount:				
■ \$25 Filing Fee		\$55 Filing Fee & Certified Co	ру		

INHS18 (2/14)

## 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: Kaizen Chirop	ractic S	Solutions		
2. (a)	1750 Kaleywood Ct	(b) 1750 Kaleywood Ct			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)		Mailing address of limited liab (Note: MAY BE POST OF	
	Orlando, FL 32806	_	Orlando,	, FL 32806	
		_			
	11/20/2015	1	_1500019	96524	
3. 5. (a)	Date of filing/registration in Florida Diaz, Yaran K	4.	• • •	Document number	
J. (u)	Registered Agent and Registered Office shown on the records of the 1750 Kaleywood Ct.	he Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		<del>-</del>	
	Orlando , FL	32806		2016 APR	
(b)	Diaz, Yaran K			් නිසිට <b>ග</b>	-
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:		
	3338 Curry Ford Rd.			⊃ 3: 16 FSIATE FLORIDA	
	NEW Registered Office Address:			_ <del>p</del> 0	
	Orlando , FL	32806		-	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regis bility co f the limi	tered office mpany, it is ited liability	e and the business office s hereby confirmed that y company or as otherwi	of the registered the change(s)
>	Dale	Yara	an K Diaz		
I Here provisi the obl to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C ereby co	in this cap ince of my o hapter 605 infirm that	Printed or typed name of sig acity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability com	comply with the
Signatu	re of Registered Agent				-