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TO: Registration Section
Division of Corporations

SUBJECT: Beacon Chiropractic, PLLC

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:

Dr. Gerardo Alfaro, Jr.

Name of Person

Beacon Chiropractic, PLLC

Firm/Company

42 Barkley Circle - Ste 2

Address

Fort Myers, FL 33907

City/State and Zip Code

galvaro@beaconchiroswfl.com

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

For further information concerning this matter, please call:

Julie Alfaro

Name of Person

239

332-1311

at ()

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

**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: Beacon Chiropractic, PLLC

2. (a) 42 Barkley Circle - Ste 2 (b) 42 Barkley Circle - Ste 2

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Myers, FL 33907

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Fort Myers, FL 33907

01/24/2017

3. Date of filing/registration in Florida

L17000018762

4. Document number

5. (a) United States Corporation Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite A

Tampa, FL 33612

(b) Dr. Gerardo Alfaro, Jr.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

42 Barkley Circle - Ste 2

NEW Registered Office Address:

Fort Myers, FL 33907

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.

Dr. Gerardo Alfaro, Jr.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 of Registered Agent