

418000038352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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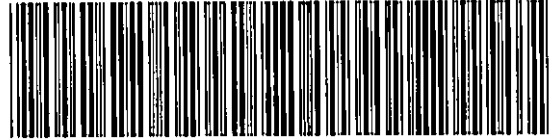
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Agape 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:

Robert Morris
Name of Person

Agape Chiropractic
Firm/Company

1871 Wells Rd
Address

Orange Park, FL 32073
City/State and Zip Code

Agapechiro5ux@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Morris at (843) 494-1225
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

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: Agape Chiropractic
2. (a) 1871 Wells Rd unit #7 (b) 1871 Wells Rd unit #7
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Orange Park FL, 32073 Orange Park FL, 32073

3. 2/12/2018 Date of filing/registration in Florida 4. L1 8000038352 Document number

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

1713 EL Camino Rd #5
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jackson
Jacksonville FL 32216

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

1871 Wells Rd unit #7
NEW Registered Office Address:

Jackson Orange Park FL 32073

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]
Signature of a member or authorized representative of a member

Robert Morris
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]
Signature of Registered Agent