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TO: Registration Section Division of Corporations

Upward Shift Chiropractic SUBJECT:

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:

Jade Stevens

Name of Person

Upward Shift Chiropractic

Firm/Company

1280 Verde Dr., Unit 1

Address

Naples, FL 34105

City/State and Zip Code

Upwardshiftchiro@gmail.com

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

For further information concerning this matter, please call:

Jade Stevens 805 588-3154 at ( Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## 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.

I. Na	me of the limited liability company:	Shift Chiropracti	ic
?. (a)	Jade Stevens, D.C.	(b)	
. (,	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1280 Verde Dr., Unit 1		
	Naples, FL 34105		
	01/03/2019	L19	000005149
<del>.</del>	Date of filing/registration in Florida	4.	Document number
(a)	Daniel Taylor		
()	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept	l. of State:
	Registered Agent		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	1280 Verde Dr., Apartment 1		· · · · · · · · · · · · · · · · · · ·
	Naples	FL_34105	APR F.
(b)	Jade Stevens, D.C.		
• /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	gistered Office address	
	Member/ Registered Agent		ORIO 41
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	1280 Verde Dr., Unit 1		
	Naples	, <sub>FL</sub> 34105	
ne cha gent w as/we ne arti	vill be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the men cles of organization or the operating agreement	ress of the registered nited liability compa nbers of the limited of the limited liabil Daniel	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	are of a member of authorized representative of a member		Printed or typed name of signee
herel rovisi he obli o mere	by accept the appointment as registered agent a ons of all statutes relative to the proper and con igations of my position as registered agent as p ly reflect a change in the registered office add	ind agree to act in th mplete performance provided for in Chap ress, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep Mer 605, F.S. Or, if this document is being filed m that the limited liability company has been

Signaturo of Registered Agent

riging of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in 🖡