

119 000 251336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

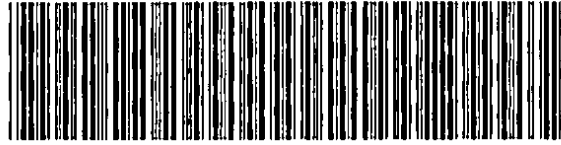
(Business Entity Name)

(Document Number)

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JAN 23 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: His Work My Hands Chiropractic LLC

\_\_\_\_\_  
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:

Carolyn Surmont

\_\_\_\_\_  
Name of Person

His Work My Hands Chiropractic LLC

\_\_\_\_\_  
Firm/Company

126 Lake Worth Rd

\_\_\_\_\_  
Address

Lake Worth, FL 33463

\_\_\_\_\_  
City/State and Zip Code

hisWorkChiro@gmail.com

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

For further information concerning this matter, please call:

Carolyn Surmont

586

872-4870

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

### **Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### **Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ursuant 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.

Name of the limited liability company: His Work My Hands Chiropractic LLC

(a) 6426 Lake Worth Rd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Lake Worth, FL 33463

(b) 6426 Lake Worth Rd

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Lake Worth, FL 33463

10/7/2019

Date of filing/registration in Florida

4.

L19000251336

Document number

(a) Surmont Incorporated

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

3920 Max Pl Apt 208

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boynton Beach, FL 33436

(b) Karolyn Surmont

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

6426 Lake Worth Rd

NEW Registered Office Address:

Lake Worth, FL 33463

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**TALLAHASSEE, FL**

e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the ge or changes are made, the Florida street address of the registered office and the business office of the registered i will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company.

Karolyn Surmont  
 Signature of a member or authorized representative of a member

Karolyn Surmont

Printed or typed name of signee

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.

Karolyn Surmont  
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00