

L21000043920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

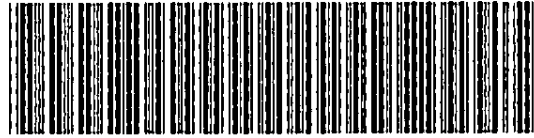
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000358812910

01/25/21--01014--026 **25.00

CPD
2021 JAN 26 PM 12:22
OFFICE OF THE CLERK

AR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerge 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:

Kaitlyn Frening
Name of Person

Emerge Chiropractic LLC
Firm/Company

15108 NW 31st Terrace
Address

Gainesville FL 32609
City/State and Zip Code

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

For further information concerning this matter, please call:

Kaitlyn Frening at (352) 5145945
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: Emerge Chiropractic LLC
2. (a) 15108 NW 31st Terrace (b) 1010 N Swallow Tail Drive
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Gainesville FL 32609 APT 1405
Port Orange FL 32129
01/25/2021 NEW
3. Date of filing/registration in Florida 4. Document number
5. (a) Kaitlyn Frening
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
15108 NW 31st Terrace
Gainesville, FL 32609
- (b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

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.

Kaitlyn Frening
Signature of a member or authorized representative of a member

Kaitlyn Frening
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.

Bill Havre Bill Havre - Assistant Secretary
Signature of Registered Agent

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