

122000 229295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

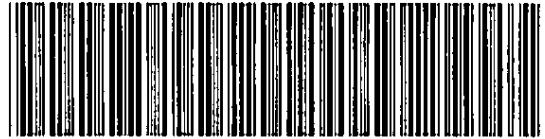
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S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jireh Provisions Florida, 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. Peter Martinez, DC
Name of Person

River City Wellness
Firm/Company

8708 S Congress Ave, Ste 570
Address

Austin, TX 78745
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Peter Martinez at (252) 256-0475
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**

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: Jireh Provisions Florida, PLLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

11011 Sheridan Street, Suite 214

Hollywood, FL 33026

Aurora, TX 76125

L22000229295

05/16/2022

3. 05/16/2022 Date of filing/registration in Florida 4. L22000229295 Document number

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

Peter Martinez

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7421 SE 66th Street

Miami, FL 33143

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

Cecil Pardave

NEW Registered Office Address:

11011 Sheridan Street, Suite 214

Hollywood, FL 33026

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. Peter Martinez, DC

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

eSignature Details

Signer ID: 5W3J9yVBKQHWMcEeEvy6xuie
Signed by: Dr. Peter Martinez
Sent to email: drpetermartinez@gmail.com
IP Address: 71.139.45.130
Signed at: Jul 2 2022, 8:48 pm CDT

Signer ID: rAN4qUxCShPJGStrnAbmkG9Ce
Signed by: Dr. Cecil Pardave
Sent to email: cpardave@gmail.com
IP Address: 108.213.62.116
Signed at: Jul 6 2022, 10:36 am CDT