

P00000096848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

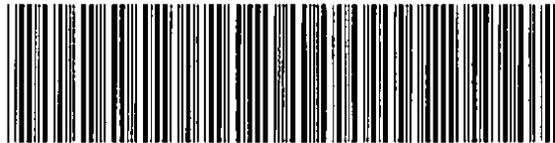
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

OCT 31 2023

Office Use Only



900417436929

10/20/23--01017--007 \*\*35.00

23 OCT 20 AM 11:07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hollstrom & Associates Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000096848

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian M. Rebori  
Name of Contact Person  
Hollstrom & Associates Inc.  
Firm/Company  
11444 Seminole Blvd.  
Address  
Largo, FL 33778  
City/State and Zip Code  
manager@largospine.com

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

For further information concerning this matter, please call:

Brian M. Rebori D.C. at ( 727 ) 393-6100  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hollstrom & Associates Inc.  
2. The principal office address: 11444 Seminole Blvd. Largo, FL 33778

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 10/13/2000 Document number: P00000096848

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
GASSMAN, ALAN SESQ.  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Brian M. Rebori D.C.  
11444 Seminole Blvd.  
Largo, FL 33778  
P.O. Box NOT acceptable

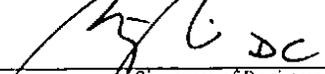
23 OCT 20 4:11:09

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Brian M Rebori, D.C. - President  
Signature of an officer or director Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 10/17/2023  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Brian M. Rebori D.C.  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***