

PO1000000 9077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

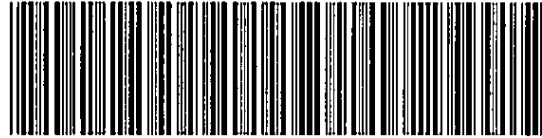
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUL 19 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.R.F. CHIROPRACTIC, INC.

Name of Corporation

DOCUMENT NUMBER: P01000009077

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:

Terrell C. Madigan, Esq.

Name of Contact Person

Madigan Law Firm, P.L.

Firm/Company

Post Office Box 10321

Address

Tallahassee, FL 32302

City/State and Zip Code

tmadigan@madiganlawfirm.com

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

For further information concerning this matter, please call:

Terrell C. Madigan

Name of Contact Person

at (850) 224-8623

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: J.R.F. CHIROPRACTIC, INC
2. The principal office address: 1989-1 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308
3. The mailing address (if different): _____

4. Date of incorporation/qualification: January 23, 2001 Document number: P01000009077

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)

JAMES R. FENN (Resigned)

1989 Capital Circle NE Suite 1

TALLAHASSEE, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Terrell C. Madigan, Esq.

Madigan Law Firm, P.L.

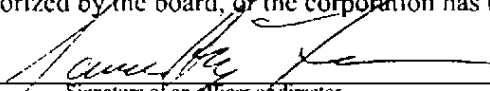
P.O. Box NOT acceptable

215 East Tharpe Street, Tallahassee, FL 32303

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.

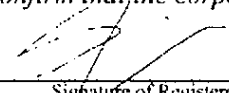
X


Signature of an officer or director

James Ryan Fenn

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.

 Terrell C. Madigan June 25, 2019
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED
19 JUL -8 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA