

P04000044622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C/12/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKSONVILLE CHIROPRACTIC CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000044622

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:

DOCTOR: ADAM SERGENT
(Name of Contact Person)

JACKSONVILLE CHIROPRACTIC CENTER, INC
(Firm/Company)

773 S. KIRKMAN RD STE 120
(Address)

ORLANDO, FLORIDA 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM SERGENT at (407) 298-7881
(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
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: JACKSONVILLE CHIROPRACTIC CENTER, INC
2. The principal office address: 773 S. KIRKMAN RD STE 120
ORLANDO, FL 32810
3. The mailing address (if different): 1803 PARK CENTER DRIVE STE 120
ORLANDO, FLORIDA 32835
4. Date of incorporation/qualification: 03/10/2004 Document number: P04000044622
5. The name and street address of the current registered agent and registered office on file with
Florida Department of State:

FRITZ J. SEIDE
2456 RIVER RIDGE DRIVE
ORLANDO, FL 32825

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ADAM SERGENT
1020 MADELINE AVENUE # 1504
(P.O. Box NOT acceptable)
PORT ORANGE, FL 32129

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.

Fritz Seide
(Signature of an officer or director)

FRITZ J. SEIDE, PRESIDENT
(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.

[Signature]
(Signature of Registered Agent)

12/11/07
(Date)

If signing on behalf of an entity:

ADAM SERGENT
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (3/05)