

P04000054878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

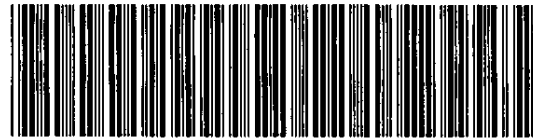
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17 MAY 18 AM 10:14
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TALLAHASSEE FLORIDA

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MAY 24 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

JESSICA CROWELL
305 MEMORIAL MEDICAL PARKWAY
STE. 305
DAYTONA BEACH, FL 32117

SUBJECT: ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION,
P.A.
Ref. Number: P04000054878

We have received your document for ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION, P.A. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 917A00009167

RECEIVED
MAY 10 11 21 AM
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Acquaro & Wakeman Chiropractic & Rehab.
Name of Corporation

DOCUMENT NUMBER: P04000054878

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:

Jessica Crowell
Name of Contact Person

Acquaro and Wakeman Chiropractic & Rehab.
Firm/Company

305 Memorial Medical Parkway Suite 305
Address

Daytona Beach, FL 32117
City/State and Zip Code

awcr@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Crowell at (386) 673-0201
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: ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION, P.A.
2. The principal office address: 305 Memorial Medical Parkway Suite 305
Daytona Beach, Florida 32117
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 3/30/2004 Document number: P04000054878

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)

Peter J. Wakeman
26 North Beach Street, Ste. B
Ormond Beach, FL 32174

17 MAY 18 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Peter J. Wakeman
305 Memorial Medical Parkway Suite 305
Daytona Beach, FL 32117
P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Peter J. Wakeman
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

5/15/17
Date

If signing on behalf of an entity:

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 (03/12)