

Pol 000133835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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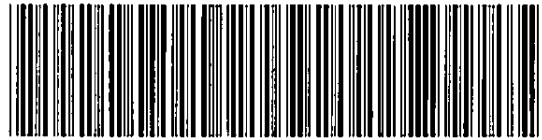
(Business Entity Name)

(Document Number)

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S. HUNT

01/02/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Chiropractic Center for Wellness, Inc.
Name of Corporation

DOCUMENT NUMBER: PO6006133835

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:

Michelle Kastner
Name of Contact Person

Kierzynski & Associates, CPA, PA
Firm/Company

5143 Commercial Way
Address

Spring Hill, FL 34607
City/State and Zip Code

E-mail address: (to be used for future annual report notification) michelle.kastner@tampabay.rr.com

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For further information concerning this matter, please call:

Kayleigh Poorman at (352) 428 5325
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: Family Chiropractic Center for Wellness, Inc.
2. The principal office address: 8403 Balm St. Spring Hill, FL 34607

3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 10/20/2006 Document number: PO000133835
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)

Dr. Brian K. Dahmer
20131 English Walnut Pl.
Brooksville, FL 34601

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

Dr. Brian K. Dahmer
8403 Balm St. Spring Hill, FL 34607
P.O. Box NOT acceptable

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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 Dahmer, D.C.
Signature of an officer or director

Brian Dahmer, D.C.
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.

Brian Dahmer, D.C.
Signature of Registered Agent

03-19-24
Date

If signing on behalf of an entity:

Brian Dahmer, D.C.
Typed or Printed Name

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