

PI0000042787

(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:

Office Use Only



800188544408

RA
change

800188544408
12/13/10--01062--014 **35.00

FILED
2010 DEC 13 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
12/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Trace Chiropractic and Massage Center, PA
Name of Corporation

DOCUMENT NUMBER: P10000042787

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:

Stephanie Grisham
Name of Contact Person

Southern Trace Chiropractic and Massage Center, PA
Firm/Company

11834 County Road 101, Suite 202
Address

The Villages, FL 32162
City/State and Zip Code

Sgrisham001@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Zelecki at (352) 205-8500
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: Southern Trace Chiropractic and Massage Center, PA
2. The principal office address: 11834 County Road 101, Suite 202
The Villages, FL 32162
3. The mailing address (if different): PO Box 507
Bellevue, FL 34421
4. Date of incorporation/qualification: 5/18/2010 Document number: P10000042787
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. Michelle M. Ziebeck
4222 SE 107th Ln
Bellevue, FL 34420

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

Stephanie Grisham
11834 County Road 101, St. 202
P.O. Box NOT acceptable
The Villages, FL 32162

FILED
2010 DEC 13 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michelle Ziebeck
Signature of an officer or director

Michelle Ziebeck, 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.

Stephanie Grisham
Signature of Registered Agent

12/1/10
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 (8/05)