

P10000091362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

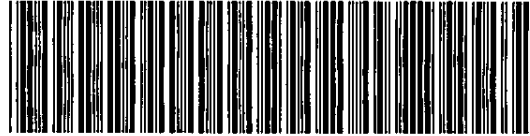
(Business Entity Name)

(Document Number)

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DEC 24 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kotila Chiropractic Inc
Name of Corporation

DOCUMENT NUMBER: P-10000091362

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:

Gary Kotila

Name of Contact Person

Kotila Chiropractic Inc

Firm/Company

1451 Oakfield Dr.

Address

Brandon, FL 33511

City/State and Zip Code

office@kotilachiro.net

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

For further information concerning this matter, please call:

Gary Kotila

Name of Contact Person

at 813 643-1242

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

GARY KOTILA
KOTILA CHIROPRACTIC INC
1451 OAKFILED DR
BRANDON, FL 33511 US

SUBJECT: KOTILA CHIROPRACTIC INC
Ref. Number: P10000091362

We have received your document for KOTILA CHIROPRACTIC INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 114A00026223

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: Kotila Chiropractic Inc
2. The principal office address: 1336 Oakfield Dr.
Brandon, FL 33511
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-08-2010 Document number: P-0000091362
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)

Gary Kotila
1336 Oakfield Dr.
Brandon, FL 33511

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

Gary Kotila
1451 Oakfield Dr.
P.O. Box NOT acceptable
Brandon, FL 33511

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

Gary Kotila
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.

X 
Signature of Registered Agent

12-22-2014
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)

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