

P1100000 46 52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

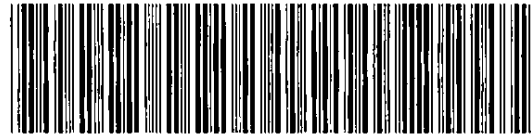
(Business Entity Name)

(Document Number)

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S. TALLENT

JUN 20 2017

FILED

17 JUN 19 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2017

JAMES SCOTT  
ONE LIFE CHIROPRACTIC, P.A.  
110 SW 96TH LANE  
OCALA, FL 34476

SUBJECT: ONE LIFE CHIROPRACTIC, P.A.  
Ref. Number: P11000009652

We have received your document for ONE LIFE CHIROPRACTIC, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 217A00010822

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ONE LIFE CHIROPRACTIC, PA

Name of Corporation

DOCUMENT NUMBER: P11000009652

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:

James Scott

Name of Contact Person

One Life Chiropractic, P.A.

Firm/Company

110 SW 96th Lane

Address

Ocala, FL 34476

City/State and Zip Code

scottchiro@hotmail.com ✓

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

For further information concerning this matter, please call:

James Scott

Name of Contact Person

at ( 352 ) 304-8546

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: ONE LIFE CHIROPRACTIC, P.A.
2. The principal office address: 110 sw 96th Lane Ocala, Florida 34476
3. The mailing address (if different) \_\_\_\_\_
4. Date of incorporation/qualification: 01/28/2011 Document number P11000009652
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)

James Scott

110 SW 96th Lane

Ocala, Florida 34476

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

InCorp Services, Inc.

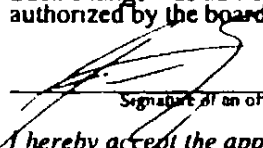
17888 67th. Court North

P.O. Box NOT acceptable

Loxahatchee, Florida 33470

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 of an officer or director

James N. Scott, 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. 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 of Registered Agent

05/25/2017

\_\_\_\_\_  
Date

If signing on behalf of an entity

Kathy Shin on behalf of InCorp Services, Inc

\_\_\_\_\_  
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

CR2F045 (03/12)

**FILED**  
**17 JUN 19 AM 10:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**