

P14000060383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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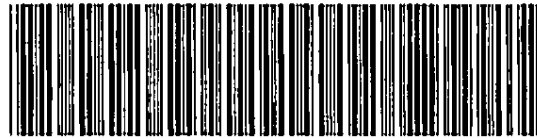
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

JUL 27 2017
CLICNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jessica L. Mitchell, D.C., P.A.

Name of Corporation

DOCUMENT NUMBER: P14000060383

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 Mitchell

Name of Contact Person

Abundant Wellness & Chiropractic

Firm/Company

1201 Louisiana Avenue, Suite E

Address

Winter Park, FL 32789

City/State and Zip Code

DrJLMitchell@gmail.com

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

For further information concerning this matter, please call:

Jessica Mitchell

Name of Contact Person

at (407) 644-2990

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

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DIVISION OF CORPORATIONS
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**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: Jessica L. Mitchell, D.C., P.A.
2. The principal office address: 1201 Louisiana Avenue, Suite E, Winter Park, FL 32789
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/17/2014 Document number: P14000060383
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)

Jessica L. Mitchell

1720 Fennell Street, Suite 6

Maitland, FL 32751

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

Jessica L. Mitchell

1201 Louisiana Avenue, Suite E

P.O. Box NOT acceptable

Winter Park, FL 32789

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DIVISION OF CORPORATIONS
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.

Jessica L. Mitchell
Signature of an officer or director

Jessica L. Mitchell

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.

Jessica L. Mitchell
Signature of Registered Agent

07/17/2017

Date

If signing on behalf of an entity:

Jessica L. Mitchell

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