

P170000040265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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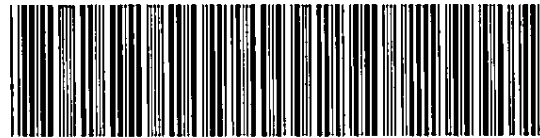
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

6,301,000

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr. Jack's Functional Wellness, PA
Name of Corporation

DOCUMENT NUMBER: P17000040265

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 Jack
Name of Contact Person
Dr. Jack's Functional Wellness
Firm/Company
2463 E. Commercial Blvd
Address
Ft. Lauderdale, FL 33308
City/State and Zip Code
drjamesjack@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

James Jack at (954) 614-5892
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: Dr. Jack's Functional Wellness, PA
2. The principal office address: 2463 E. Commercial Blvd
Fort Lauderdale, FL 33308
3. The mailing address (if different): same
4. Date of incorporation/qualification: 5-3-17 Document number: P17000040265

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)

Jack, James
2745 E. Oakland Pl. Blvd
Fort Lauderdale, FL 33306

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

Jack, James
2463 E. Commercial Blvd
P.O. Box NOT acceptable
Fort Lauderdale, FL 33308

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DIVISION OF CORPORATIONS
STATE OF 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.

James E. Jack
Signature of an officer or director

James E. Jack, Pres.
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.

James E. Jack
Signature of Registered Agent

5-25-17
Date

If signing on behalf of an entity:

Typed or Printed Name

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