

P19 0000 71173

(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

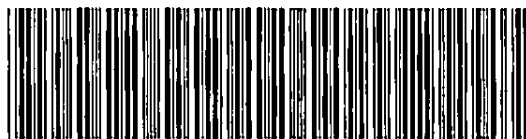
(Business Entity Name)

(Document Number)

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2020 JUN -2 AM 10:30  
SECURITY STATE  
TALLAHASSEE, FLORIDA

JUL 03 2020

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Total Wellness Chiropractic P.A.  
Name of Corporation

DOCUMENT NUMBER: P19000071173

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:

Charles Strickland III  
Name of Contact Person

Total Wellness Chiropractic P.A.  
Firm/Company

15955 Waterline Rd.  
Address

Bradenton FL 34212  
City/State and Zip Code

sdstrick@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Strickland III at ( 941 ) 749-6420  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Total Wellness Chiropractic P.A.
2. The principal office address: 15955 Waterline Rd.  
Bradenton FL 34212
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9-4-19 Document number: 19000071173
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)

Business Filings Incorporated  
1200 S. Pine Island Rd.  
Plantation FL 33324

2020 JUN -2 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Charles Strickland III  
15955 Waterline Rd.  
Bradenton FL 34212

P.O. Box NOT acceptable

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.

Charles Strickland III  
Signature of an officer or director

Charles Strickland III  
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.

Charles Strickland III  
Signature of Registered Agent

Date

5-26-20

If signing on behalf of an entity:

Charles Strickland III  
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