

P220000039682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

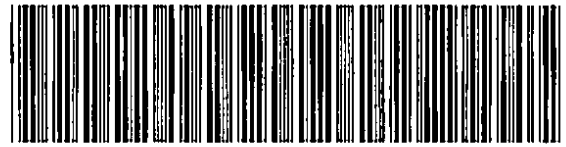
(Document Number)

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TALLAHASSEE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joint Provisions Florida I, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P2200039682

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:

Dr. Peter Martinez, DC

Name of Contact Person  
River City Wellness

Firm/Company  
8708 S Congress Ave., Ste. 570

Address  
Austin, TX 78745

City/State and Zip Code  
dr@rivercitywellnessatx.com

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

For further information concerning this matter, please call:

Dr. Peter Martinez, DC at (252) 256-0475  
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: Jireh Provisions Florida I. P.A.  
2. The principal office address: 11011 Sheridan Street Suite 214, Hollywood, FL 33026

3. The mailing address (if different): 8708 S Congress Ave Suite 570, Austin, TX 78745

4. Date of incorporation/qualification: 04/27/2022 Document number: P2200039682

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)

Peter Martinez (resigned)

7421 SE 66th Street

Miami, FL 33143

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

Cecil Pardave


11011 Sheridan Street, Suite 214

P.O. Box NOT acceptable

Hollywood, FL 33026

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

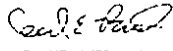
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dr. Peter Martinez, DC Co-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. 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.*

  
Signature of Registered Agent

7/6/2022

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 (04/13)

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