

P95000021046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

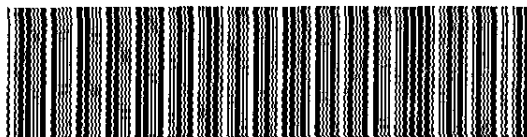
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TRANSMITTAL LETTER

TO: AMENDMENT SECTION  
DIVISION OF CORPORATIONS

SUBJECT: PRIEST CHIROPRACTIC, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: P95000021046

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:

John R. Kancilia, Esq.  
(Name of person)

Gray, Harris & Robinson, P.A.  
(Name of firm/company)

1800 West Hibiscus Boulevard, Suite 138  
(Address)

Melbourne, Florida 32901  
(City/State/Zip)

For further information, please call:

John R. Kancilia, Esq.  
(Name of person)

321-727-8100  
Area Code & Daytime number

Enclosed is a check for \$35.00 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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: PRIEST CHIROPRACTIC, P.A.

2. The principal office address: 1751 Sarno Road, Suite 1, Melbourne, FL 32935

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/15/1995 Document #: P95000021046

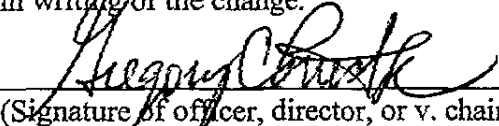
5. The name and street address of the current registered agent and registered office with the Florida Department of State:

Victor S. Kostro  
1825 South Riverview Drive, Melbourne, FL 32901

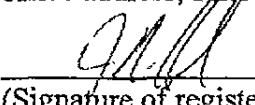
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

John R. Kancilia, Esq.  
1800 West Hibiscus Boulevard, Suite 138, Melbourne, FL 32901

The street address of its registered office and street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution 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.

 Gregory C. Priest, D.C.  
(Signature of officer, director, or v. chairman) (Print name)

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 obligations of my position as registered agent. Or, if this document 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.

 John R. Kancilia, Esq.  
(Signature of registered agent) (Print name)

If signing on behalf of an entity:

\_\_\_\_\_  
(type or print name) (Capacity)

FILING FEE \$35.00

Make check payable to Florida Department of State

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