

P99000078074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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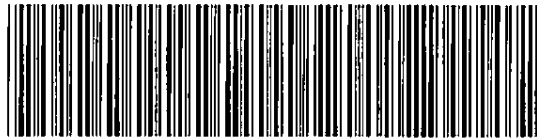
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FAMILY CHIROPRACTIC CENTER OF MARTIN COUNTY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P99000078074

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. LISA M LUST-STEWART

Name of Contact Person

FAMILY CHIROPRACTIC CENTER OF MARTIN COUNTY, INC.

Firm/Company

P.O. BOX 809

Address

STUART, FL 34995

City/State and Zip Code

[lisalust@bellsouth.net](mailto:lisalust@bellsouth.net)

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Dr. LISA M LUST-STEWART

Name of Contact Person

at ( 772 ) 341-3165

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: FAMILY CHIROPRACTIC CENTER OF MARTIN COUNTY, INC.  
2. The principal office address: 1486 SW ALLIGATOR ST. PALM CITY, FL 34990

3. The mailing address (if different): P.O. BOX 809 STUART, FL 34995

4. Date of incorporation/qualification: 08/30/1999 Document number: P99000078074

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)

Registered Agent Services Co.

3211 Vineland Rd, Suite 174

Kissimmee, FL 34746

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

Dr. LISA M LUST-STEWART

1486 SW ALLIGATOR ST

P.O. Box NOT acceptable

PALM CITY, FL 34990

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.

Lisa M Lust Stewart  
Signature of an officer or director

Dr. LISA M LUST-STEWART

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.

Lisa M Lust Stewart  
Signature of Registered Agent

11/20/24  
Date

If signing on behalf of an entity:

Dr. LISA M LUST-STEWART

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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