**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**
**Feb 18, 2017**
**Secretary of State**
**CR5449577771**

DOCUMENT# L15000099687

**Entity Name:** PALMER CHIROPRACTIC AND WELLNESS, LLC

**Current Principal Place of Business:**

1555 HOWELL BRANCH RD.
STE. B-2
WINTER PARK, FL 32789

**Current Mailing Address:**

1520 NEOLA TRL
WINTER PARK, FL 32789 US

**FEI Number: 47-4239578**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PALMER, WILLIAM
1520 NEOLA TRL
WINTER PARK, FL 32789 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: WILLIAM PALMER 02/18/2017

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | PALMER, WILLIAM |
| Address | 1520 NEOLA TRL |
| City-State-Zip: | WINTER PARK FL 32789 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: WILLIAM PALMER MGR 02/18/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date