2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2018
Secretary of State
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Entity Name: REVOLUTION CHIROPRACTIC LLC

Current Principal Place of Business:

14866 OLD ST. AUGUSTINE ROAD
SUITE 113
JACKSONVILLE, FL 32258

Current Mailing Address:

14866 OLD ST. AUGUSTINE ROAD
SUITE 113
JACKSONVILLE, FL 32258 US

FEI Number: 81-0847877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COST, LAUREN DR.
14866 OLD ST. AUGUSTINE ROAD
SUITE 113
JACKSONVILLE, FL 32258 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: LAUREN COST D.C. 03/26/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	MNGR
Name	COST, LAUREN DR.	Name	COST, GEORGE
Address	14866 OLD ST. AUGUSTINE ROAD SUITE 113	Address	14866 OLD ST. AUGUSTINE ROAD SUITE 113
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258

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: LAUREN COST OWNER 03/26/2018

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