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.

MGRM

DOCUMENT# L05000030854

Entity Name: ANDERS CHIROPRACTIC & SPORTS PERFORMANCE LLC

Current Principal Place of Business:

11873 HIGH TECH AVE. SUITE 1 ORLANDO, FL 32817

Current Mailing Address:

11873 HIGH TECH AVE. SUITE 1 ORLANDO, FL 32817 US

FEI Number: 56-2502409

Name and Address of Current Registered Agent:

ANDERS, MARC C 11873 HIGH TECH AVE. SUITE 1 ORLANDO, FL 32817 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:

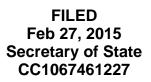
Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Person(s) Detail .				
Title	MGRM	Title	MGRM	
Name	ANDERS, MARC C	Name	ANDERS, MICHELLE A	
Address	11873 HIGH TECH AVE., SUITE 1	Address	11873 HIGH TECH AVE., SUITE 1	
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817	

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MARC C. ANDERS



Certificate of Status Desired: No

02/27/2015 Date

Date