L0400003756

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only/Otate/Lip/i Hone #/			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified copies			
Special Instructions to Filing Officer:			

Office Use Only



500183096955

07/14/10--01009--004 **25.00

T. CLINE

JUL 15 2010

EXAMINER

72:19 JUL 14 AM 9:5

COVER LETTER

TO: Registration Section Division of Corporations	· ·		
SUBJECT: TERRY GOLDEN, Name of Lin	D.C., P. L. nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning this	is matter to the following:		
TERENCE GOLDEN Name of Person			
TERRY GOLDEN, D.C., P.L.			
6295 CENTRAL AVENUE	<u>e</u>	2546 JUL 14 SECRETARY TALLAHASSE	-17
SAINT PETERSBURG FL 3 City/State and Zip Code H golden@hstmail.com E-mail address: (to be used for future annual report notification)	3710	JUL 14 AM 9: 56 CRETARY OF STATE LAHASSEE, FLORIDA	The second secon
For further information concerning this matter,	please call:		
Terence Golden a	at (<u>727</u>) <u>344-0533</u> Area Code & Daytime Telephone Nu	mber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liabilii agent,	ant to the provisions of sections 608.416 or 608.3 ty company submits the following statement in order or both, in the State of Florida.	er to change its registered office or registered
1. Na	me of the limited liability company:	GOLDEN, D.C., P.L.
2. (a)	Principal office address of limited liability company	y:
- ļX ļ-	(Note: MUST BE STREET ADDRESS)	6295 Central Avenue Saint Petersburg, Fr 33710
(b)	Mailing address of limited liability company:	
1 <u>X</u> -	(Note: MAY BE POST OFFICE BOX)	6295 Central Avenue Savot Petersburg, FL 33710
3. Dat	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
•	Registered Agent:	Terence L Golden
	Registered Office Address:	St Petersturg RE 33707
(b)	Enter name of NEW Registered Agent and/or NE	
	NEW Registered Agent:	Terence L. Golden
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6295 Central Avenue Saint Petersburg, FL 33710
confirmand the liability of the or the Signature	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company or as other operating agreement of the limited liability company or typed name of signee by accept the appointment as registered agent and as with the provisions of all statutes relative to the property of the provisions of the obligations of my power 608, F.S. Or, if this document is being filed to me is, I hereby confirm that the limited liability company	laws of the State of Florida, it is hereby dorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
	e of Registered Agent	