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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CFRA, LLC A Subsidiary of CARLTON FIELDS

Registered Agent Services 100 S. Ashley Drive |Suite 400 Tampa, Florida 33602 P. O. Box 3239 | Tampa, Florida 33601-3239 813.223.7000 | fax 813.229.4133

June 8, 2012

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: CHANGE OF REGISTERED AGENT ADDRESS -

BE ACTIVE FLORIDA, INC.

CAC COMMUNITY SERVICES, LLC CHAMPIONS FOR CHILDREN, INC.

DOCTOR'S PAIN MANAGEMENT GROUP OF WESLEY CHAPEL, INC.

Gentlemen:

Please find enclosed Statement of Change of Registered Office forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 522915 totaling \$130.00 for the filing fees for these entities.

Very Truly Yours.

Joyce/F. Bentubo

Secretary

JFB/lrf Enclosures

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CAC COMMUNITY SERVICES, LLC		
2. (a) Principal office address of limited liability comp	pany: 3108 W. AZEELE STREET	
(Note: MUST BE STREET ADDRESS)	TAMPA FL 33609	
(b) Mailing address of limited liability company:	3108 W. AZEELE STREET	
(Note: MAY BE POST OFFICE BOX)	TAMPA FL 33609	
11/10/2005	L05000109342	
3. Date 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:	CFRA, LLC	
Registered Office Address:	4221 BOY SCOUT BLVD. CORPORATE CENTER THREE AT INTL TAMPA FL 33609 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office address:	
NEW Registered Agent:	CFRA, LLC	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S. Ashley Drive Suite 400 Tampa ,FL33602	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that he limited liability company. Signature of pegistered Agent	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote therwise provided in the articles of organization pany.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		