

LD7000079570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEURO-FUSION INSTITUTE LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John S. Bush CPA PA  
(Name of Person)

John S. Bush CPA PA  
(Firm/Company)

8181 W. Broward Blvd #350  
(Address)

PLANTATION FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Bush at (954) 474-4100  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2009

JOHN BUSH  
8181 W. BROWARD BLVD., #350  
PLANTATION, FL 33324

SUBJECT: NEURO-FUSION INSTITUTE, LLC  
Ref. Number: L07000079570

We have received your document for NEURO-FUSION INSTITUTE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 709A00007992

**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: NEURO Fusion Institute LLC
2. (a) Principal office address of limited liability company: 3471 N. Federal Hwy #410  
FT. Lauderdale FL 33306  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 3471 N. Federal Hwy #410  
FT. Lauderdale FL 33306  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida \_\_\_\_\_
4. Document number LO7000079570
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Corporation Service Company
- Registered Office Address: 1201 HAYS ST  
Tallahassee FL 32301

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

John S. Bush CPA PA

**NEW Registered Office Address:**

8181 W. Broward Blvd #350

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Elizabeth King

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
MAR 31 AM 8:23  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE