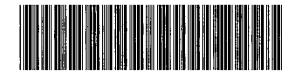
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LINDSEY MAN	SUETO CHROPEACTIC, UC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LINDSEY MANSUETO CHIROP (Name of Person) LINDSEY MANSUETO CHIROP (Firm/Company) 499 NESPANISH PIVER P (Address) 130CH RATON FL 33 (City/State and Zip Code)	RY OF STATE SEE, FLORIDA
For further information concerning this matter, p	please call:
LINDSEY MANSUETO at (Name of Person)	(321) 501-760) (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 an	mount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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 company submits the following statement in order to chan in the State of Florida.	
1. Name of the limited liability company: LINDSEY	MANSHETD CHIROPERCTICILLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 499 NE SPANISH PURLUD BOCA PATON, PL 33431
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	499 NE SPANISH RIVERBUD BOCH RATION FZ 33931
4/08/2008	LØ8000035297
3. Date of filing/registration in Florida	4. Document number CR B
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept of State:
Registered Agent:	Corporation Services company
Registered Office Address:	TOTAHASSEE BE \$2301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	LINDSEY MANSUETO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	499 NE SPANISH ZWERBUR BOCH RATION, FL 3343
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member of authorized representative of a member)	t address of the registered office and the business
LINDSEY MANSUETO (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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

(Signature of Registered Agent)