2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# L08000046628

Entity Name: CYPRESS CREEK CHIROPRACTIC AND WELLNESS, P.L.

Current Principal Place of Business:

2304 CRESTOVER LANE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2304 CRESTOVER LANE
102
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2304 CRESTOVER LANE
WESLEY CHAPEL, FL 33543

New Mailing Address:

2304 CRESTOVER LANE
102
WESLEY CHAPEL, FL 33544

FEI Number: 26-2605888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHESON, MICAH T
2304 CRESTOVER LANE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

RICHESON, MICAH T DC
2304 CRESTOVER LANE
102
WESLEY CHAPEL, FL 33544 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: MICAH T. RICHESON, DC 10/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RICHESON, MICAH T
Address: 2304 CRESTOVER LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RICHESON, MICAH T
Address: 2304 CRESTOVER LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICAH T. RICHESON, DC MGR 10/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date