L10000034509

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DIVISION OF CORPORATION

10 AUG 30 PH 12: OL

T. HAMPTON
AUG 3 1 2010
EXAMINER



3461 Bonita Bay Blvd Ste 201 Bonita Springs, Florida 34134 239.992.3666 morrislaw@mail.com

August 27, 2010

Sent via U.S. Mail

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassec, FL 32314

Re: Registered Agent/Registered Office Address Change

Mind and Brain Care, LLC

Dear Sir or Madam:

Enclosed for filing are the Registered Agent/Registered Office Address Change form and a check payable to the Department of State in the amount of fifty-five dollars (\$55.00) for the filing fee and a certified copy.

Please return all correspondence concerning this matter to the following:

Wendy Morris; Esquire Morris Law Offices, LLC 3461 Bonita Bay Blvd Ste 201 Bonita Springs, Florida 34134

Thank you for your attention to this matter.

Sincerely,

Wendy Morris

Attorney at Law ::

Enclosures, ... WSM/ker

www.wandymarris.com

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:	MIND AND BRAIN CARE, LLC	
2. (a) Principal office address of limited liability con	mpany: MIND AND BRAIN CARE, LLC	
(Note: MUST BE STREET ADDRESS)	12382 Country Day Circle Fort Myers, Florida 33913	
(b) Mailing address of limited liability company:	MIND AND BRAIN CARE, LLC	
(Note: MAY BE POST OFFICE BOX)	12382 Country Day Circle	
	Fort Myers, Florida 33913	
3/29/2010	L10000034509	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:	
Registered Agent:	Mabel Lopez, Ph.D.	
Registered Office Address:	12382 Country Day Circle Fort Myers, Florida 33913	
	Fort Myers, Florida 33913	
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent:	r <u>NEW Registered Office address</u> : <u>Mabel Lopez, Ph.D.</u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6442 Commerce Park Drive, Suite 1	
MCST BE TECKIDA STREET ADDRESS	Fort Myers ,FL 33912	
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/ote 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.		
Mabel Lopez, Ph.D., Member Printed or typed name of signee	PH 12:1	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of Registered Agent	and goree to act in this canacity. I further agree to	

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