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2011 AUG 12 AM 10: 4:

J. SAULSBERRY EXAMINER AUG 15 2011

COVER LETTER

TO: Registration Section Division of Corporations		
	Young Chiropractic IIc	
Name o	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
David Young		
Name of Person		
Firm/Company	201 Tali	
11953.S. Apopka Vineland	CRETARY OF STATE LAHASSEE, FLORID,	
Address	The second of th	
1 5 9 5 9 5 9 5 9 5 9 5 9 5 S		
Orlando, Fl. 32836		
City/State and Zip Code	TE ADS	
dayoung000@yahoo.com	mrt notification)	
For further information concerning this ma	atter, please call:	
David Young	at (407) 238-2306	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314	
Enclosed is a check for the follow	ing amount:	
\$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. 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.

Name of the limited liability company:	Young Chiropractic IIc
2. (a) Principal office address of limited liability company	: 11953 S. Apopka Vineland Rd.
(Note: MUST BE STREET ADDRESS)	Orlando, Fl. 32836
(b) Mailing address of limited liability company:	11953 S. Apopka Vineland Rd.
(Note: MAY BE POST OFFICE BOX)	Orlando, Fl. 32836
8-4-11	L10000122367
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	David Young
Registered Office Address:	5410 Deerbrooke Creek Cir #9 Tampa, Fl. 33624
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11953 S. Apopka Vineland Rd.
If the limited liability company is not organized under the l	Orlando ,FL 32836
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
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 provisions and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	
Signature of Registered Agent	