2014 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2014
Secretary of State

DOCUMENT# L13000006176

Entity Name: FARHI FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

13889 WELLINGTON TRACE, STE. A3
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13889 WELLINGTON TRACE, STE. A3
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 75-2971948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARHI, MOSHE
8408 XANTHUS LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: MOSHE FARHI
Electronic Signature of Registered Agent — Date

AUTHORIZED PERSONS:

Title: MGRM
Name: FARHI, MOSHE
Address: 8408 XANTHUS LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statues.

SIGNATURE: MOSHE FARHI MGRM 09/30/2014
Electronic Signature of Authorized Person — Date