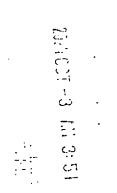
## L15000124908

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PICK-UP WAIT MAIL					
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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	Injury Treatment Consulting, LLC				
	Name of	Name of Limited Liability Company			
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this ma	tter to the following:			
Mitche	ell R. Greenberg, D.C.				
	Name of Person				
Injury	Treatment Consulting, LLC				
	Firm/Company				
7665 V	Vyndham Drive				
	Address				
Melbou	urne, FL 32940				
	City/State and Zip Code				
drg@sj	pinedoc.biz				
E	E-mail address: (to be used for future annual re	eport notification)			
For fur	rther information concerning this matter, pleas	se call:			
Mitche	ell R. Greenberg, D.C.	321 405-4555			
	Name of Person	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amo	unt:   \$55 Filing Fee & Certified Copy			
	,	= 400 / mmg / 60 00 00/mmg 00/py			

## \*\*ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Injury Treatment Consulting, LLC					
2. (a)					
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company;  (Note: MAY BE POST OFFICE BOX)		
	7665 Wyndham Drive				
	Melbourne, FL 32940				
	07/21/2015		L15000124908		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Michael Kahn				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 482 N. Harbor City Blvd	ADDRESS)	<del></del>		
(b)	Melbourne , F	73001			
	Mitchell R. Greenberg, D.C.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:			
	NEW Registered Office Address:				
	7665 Wyndham Drive		=		
	7000 Wyndiain 7717C				
	Melbourne , FI	32940	<u>΄΄</u> <u>φ</u>		
change agent was/w the art  Signa  I here provis. the oblito mer	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an artificative vote of the members iclostif organization of the operating agreement of the distribution of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide ally reflect a change in the registered office address, I dim writing of this change.	e registered office ability company of the limited liability limited liability when the control of the control	the and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.  The I Recent Description of the registered in the printed or typed name of signee and I am familiar with and accept to 605, F.S. Or, if this document is being filed		