M85790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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C.L.
12-16-14

RHG RAPPEL
HEALTH LAW GROUP, P.L.

BRIDGEWATER — SUITE A 210 — 1515 INDIAN RIVER BOULEVARD — VERO BEACH, FLORIDA 32960-7103
TELEPHONE: 772.778.8885 – FACSIMILIE: 772.778.8883 – E-MAIL: postmaster@rappelhealthlaw.com

December 11, 2014

VIA US MAIL
Florida Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Officer/ Director and Change of Registered Office/Agent for Cooper Chiropractic and Neurological Diagnostic Center, PA
Document No. M85790

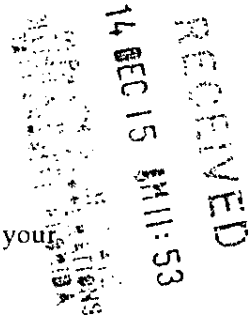
Dear Sir/Madam:

Enclosed, please find a copy of your correspondence dated December 8, 2014, regarding insufficient funds to complete the filing

We have enclosed a Rappel Health Law Group, PL Trust Account check number 2991 in the amount of Ten and 00/100th Dollars ($10.00) for the imposed fee.

Please return all correspondence concerning this matter to:

Rappel Health Law Group, PL
Attn: Kate Voss
1515 Indian River Boulevard, Suite A-210
Vero Beach, Florida 32960
Telephone: 772.778.8885
Facsimile: 772.778.8883
Electronic Correspondence: kav@rappelhealthlaw.com



Should you have any questions regarding the above, please contact us at your convenience.

Very truly yours,

RAPPEL HEALTH LAW GROUP
A Professional Limited Liability Company

Kate Voss

KATE VOSS, PARALEGAL
For the Firm

/kav
Enclosures: as stated
Cc: Stanton Cooper
t:\clients\cooper\cooper chiropractic & neuro diagnostic center, p.a 13009\sunbiz\letter div corp 12.11.14.doc

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC CENTER, P.A.

2. The principal office address: 1501 ROBERT J CONLAN BLVD NE SUITE #3, PALM BAY, FL 32905

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/16/1988 Document number: M85790

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: *(If resigned, enter resigned)*

Stanton T. Cooper

1501 ROBERT J CONLAN BLVD NE SUITE #3, PALM BAY, FL 32905

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Davis

1501 ROBERT J CONLAN BLVD NE SUITE #3, PALM BAY, FL 32905

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Stanton T Cooper
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

11-20-14
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)