## N/2000000596

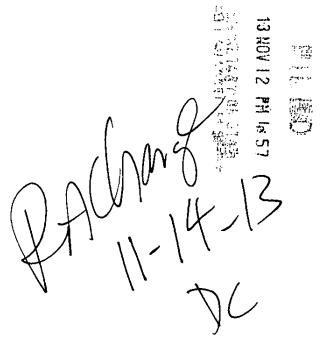
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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Breaking The Chains, Inc. Name of Corporation N12000000596 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ronna Martino Name of Contact Person Breaking the Chains, Inc. Firm/Company 13147 Compton Road Address Loxahatchee, Florida 33470 City/State and Zip Code Ronna60@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronna Martino Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or	ganized under the laws of the State of	Florida		_
in order to change its registered office or reg		rioriaa.		
1. The name of the corporation: Breaking The C  2. The principal office address: 11120 S. Crown	n Way			
Wellington, Florida 33414				
3. The mailing address (if different): 13147 Comp	pton Road - Loxahatchee, F	lorida (	3347	0
4. Date of incorporation/qualification: January 18	3, 2012 Document number: N100	000059	)6	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		vith the		
MARYANN CHEATHAN				
1920 S. CLUB DRIVE		_		
WELLINGTON, FL 33414		- 51	13 HC	41001 & 1 1 1 4 2
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered o	ffice	14 12 F	erentel erentel e hyster
Ronna Martino		が振り 元第5 -	# #	ئامۇرۇر ئاسۇنداق
13147 Compton Road			ار: 12 18	
	NOT acceptable	- ***		
Loxahatchee, Florida 3347	U	-		
The street address of its registered office and the streas changed will be identical.	eet address of the business office of i	ts register	ed age	ent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	nted by its board of directors or by an notified in writing of the change.	officer so	)	
Signature of an officer or director	Harvey Montijo, MD	ıle.		_
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all st performance of my duties, and I am familiar with an agent. Or if this document is being filed merely to refer that they confirm that the forporation has been notified.	and agree to act in this capacity		tered s, I	
	November 7, 2013			
Signature of Registered Agent	Date			-
If signing on behalf of an entity:				
Typed or Printed Name				
* * * FILING !	FEE: \$35.00 * * *			