

P00000070470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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TH 11-4-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Abacoa Town Center Chiropractic  
Name of Corporation

DOCUMENT NUMBER: P00000070470

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:

Joshua Smith

Name of Contact Person

Abacoa Town Center Chiropractic

Firm/Company

600 University Blvd #105

Address

Jupiter, FL 33458

City/State and Zip Code

Jksmithdc@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Smith

Name of Contact Person

at ( 561 ) 622-6111

Area Code & Daytime Telephone Number

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, 617.0502, 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: Abacoa Town Center Chiropractic, INC.
2. The principal office address: 600 University Blvd #105  
Jupiter, FL 33458
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/21/2000 Document number: P00000670470
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)

Joshua Smith

14063 Port Circle

PBB, FL 33410

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

Dr. Joshua Smith

600 University Blvd #105

P.O. Box NOT acceptable

Jupiter, FL 33458

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]  
Signature of an officer or director

Joshua Smith, owner  
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]  
Signature of Registered Agent

10/31/2011  
Date

If signing on behalf of an entity:

Joshua Smith

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