

PD/000022749

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000061759 3)))



H150000617593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
15 MAR 11 AM 10:50
SECURITIES & STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 MAR 11 AM 11:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
COUNTY LINE CHIROPRACTIC EAST PLANTATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

CRM
3-12-15

**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: COUNTY LINE CHIROPRACTIC EAST PLANTATION, INC.
2. The principal office address: 199 STATE ROAD 7, PLANTATION, FL 33317
3. The mailing address (if different): 21309 NW 2ND AVE, MIAMI, FL 33169
4. Date of incorporation/qualification: 3/5/2001 Document number: P01000022749
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)
DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., STE. A-210
MIAMI, FL 33169
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

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.

By: [Signature] 3/11/2015
Signature of Registered Agent Date

If signing on behalf of an entity: SALVINA ANTONIA-GRAY
SPECIAL ASSISTANT SECRETARY

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E043 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 11 AM 10:50

FILED