

P03000015796

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

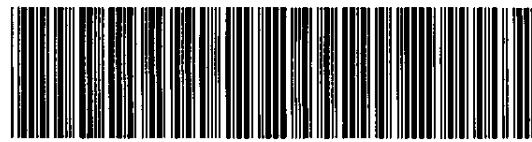
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RO change  
news  
9-27-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LU ELAINE JOHNSON CHIROPRACTOR INC  
Name of Corporation

**DOCUMENT NUMBER:** P03000015796

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:

LU ELAINE JOHNSON

Name of Contact Person

## LU ELAINE JOHNSON CHIROPRACTOR INC

**Firm/Company**

100460 OVERSEAS HWY SUITE 4

### Address

KEY LARGO/FLORIDA/33037

**City/State and Zip Code**

**balancingact3@bellsouth.net**

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

For further information concerning this matter, please call:

LU ELAINE JOHNSON at ( 305 ) 453-3337  
Name of Contact Person 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: LU ELAINE JOHNSON CHIROPRACTOR, INC.
2. The principal office address: 100460 OVERSEAS HWY SUITE 4  
KEY LARGO, FL 33037
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02/26/2003 Document number: P03000015796
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)  
LU ELAINE JOHNSON  
99228 OVERSEAS HWY  
KEY LARGO, FL 33037
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
LU ELAINE JOHNSON  
100460 OVERSEAS HWY SUITE 4  
P.O. Box NOT acceptable  
KEY LARGO, FL 33037

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Lu Elaine Johnson, DC  
Signature of an officer or director

LU ELAINE JOHNSON, PRES  
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.*

Lu Elaine Johnson, DC  
Signature of Registered Agent

9/20/10  
Date

If signing on behalf of an entity:

Lu Elaine Johnson Chiropractor Inc

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 (8/05)