

P030000/5796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Name of Contact Person

at (305) 453-3337
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

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA