

P05000015052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

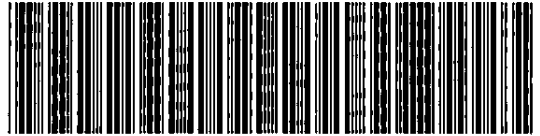
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: County Line Chiropractic University At Commercial Inc.
Name of Corporation

DOCUMENT NUMBER: P05000015052

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:

Robert Rappel, Esquire
Name of Contact Person

Rappel Health Law Group, P.L.
Firm/Company

1515 Indian River Boulevard, Suite A-210
Address

Vero Beach, FL 32960
City/State and Zip Code

postmaster@rappelhealthlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Rappel, Esquire at (772) 778-8885
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: County Line Chiropractic University At Commerical, Inc.

2. The principal office address: 5425 N. University Drive, Lauderhill, FL 33351

3. The mailing address (if different): 21309 NW 2nd Avenue, Miami, FL, 33169

4. Date of incorporation/qualification: 11/22/2004 Document number: P05000015052

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)

Robert Hochstein
21309 NW 2nd Avenue
Miami, FL 33169 US

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

DEC Consultants, Inc.
1515 Indian River Boulevard, Suite A-210
P.O. Box NOT acceptable
Vero Beach, FL 32960

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 28 PM 2:20

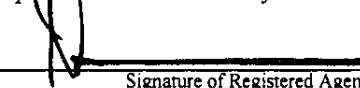
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Robert Hochstein, President
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 of Registered Agent

05/26/2009
Date

If signing on behalf of an entity:

Robert Appel, Esquire
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)