Division of Corporations

P05000015052

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
COUNTY LINE CHIROPRACTIC UNIVERSITY AT COMMERCIAL, I

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C. CARROTHERS

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 COMMERCIAL, 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 33351

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)

DSC CONSULTANTS, INC.

1515 INDIAN RIVER BLVD., STE. A-210

VERO BEACH, FL 32960

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

Signature of an officer or director — MARIA PAZOS, C.O.O. — 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.

C T Corporation System

By: Signature of Registered Agent — 3-11-2015 Date

If signing on behalf of an entity: [illegible] ASSISTANT SECRETARY

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

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