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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
ALLIAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Lucido Chivopractic, P.A. (Name of Corporation) |
| DOCUMENT NUMBER: PO 5000 143105 |
| 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: |
| Name of Contact Person) |
| Lucido Chiropractic (Firm/Company) |
| 1965 East Edgewood Drive |
| La Keland FL 33803 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (863) 683-8006 (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: Lucido Chivopractic, P.A. |
| 2. The principal office address: 1965 East Edgewood Drive Lake land, FL 33803 |
| Lake land, FL 33803 |
| 3. The mailing address (if different): N/A |
| 4. Date of incorporation/qualification: Oct-20, 2005 Document number: 105 006 143 105 |
| 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) |
| Corporate Creations International Inc By 8 |
| Corporate Creations International Inc 20 8 11380 Prosperity Farms Rd #221E |
| Palm Beach Gardens, FL 3340 SER - |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 1965 East Edge wood Drive (PO. Box NOT acceptable) |
| 1965 East Edge wood Drive |
| Lakeland, FL 33803 |
| 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) David P. Lucido D.L., 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) 11-24-08 (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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