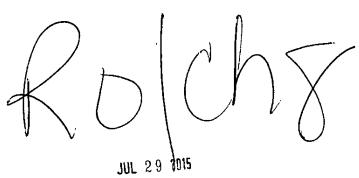
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	4
SUBJECT: Boca Paton acupract Name of Corporation	te PA.
DOCUMENT NUMBER: <u>PO 60000 9 0463</u>	
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	owing:
Dr. Steven James T Name of Contact Person	D.C.
Boca Raton acup	ractie PA
1014 Hoteway Bl	lud Ste 104
Boynton Black - City/State and Zip Code	fl 33426
Dr James 1014 Quantus E-mail address: (to be used for future annua	w Comeast. Net al report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (5)	Code & Daytime Telephone Number
Military Commence of the Comme	
Enclosed is a \$35,00 check made payable to the Department of Sta	no. you have reed check
	I
Mailing Address: S	treet Address: Amendment Section
	Division of Corporations
P.O. Box 6327	Clifton Building
•	661 Executive Center Circle Callahassee, FL 32301
1	ananasse, i'l jejui

TO:



July 17, 2015

DR. STEVEN JAMES DC BOCA RATON ACUPRACTIC P.A. 1014 GATEWAY BLVD - STE. 104 BOYNTON BEACH, FL 33426

SUBJECT: BOCA RATON ACUPRACTIC P.A.

Ref. Number: P06000090463

We have received your document for BOCA RATON ACUPRACTIC P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 015A00015028

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: Boca Ration (leupractic PA
2. The principal office address: 1014 Sattway Blvd Scitte 104
Boughton Beach 71 33426
3. The mailing address (if different):
- Jane
4. Date of incorporation/qualification: Quly 6, 2006 Document number: PO600090463
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)
Dr. Sleven C. James
7331 Via Leonardo
Lake Worth 71 33467
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): - Sawe -
- Same - 2 min
1014 Sateway Blod, Suite 104 3
Boenton Black fl 33426
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, of the corporation has been notified in writing of the change.
DR. Steven C. James Pres/CEO Signature of an officer or director DR. Steven C. James Pres/CEO
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 cyl familiar with and accept the obligation of my position as registered agent. Or, if this document is bying filed merely to reflect a change in the registered office address, I hereby confirm that the egrop attion has been notified in writing of this change.
Signature of Registered Agent 7/24/2015
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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