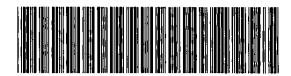
## P06000141831

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| Certified Copies        | _ Certificates     | of Status                             |
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| Special Instructions to | Filing Officer:    |                                       |
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## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations  | TAS A                |
|--------|---|----------------------|
| SUBJI  | ECT: Brooksville Chiropractic Inc.  | SEP 24               |
| DOCU   | UMENT NUMBER: P0600141831   | PH 1:5               |
| The en | iclosed Statement of Change of Registered Office/Agent and fee are submitted for the  | filing A 5           |
| Please | return all correspondence concerning this matter to the following:  |                      |
|        | Name of Contact Person  |                      |
| •      | Brooksville Chiropractic  | ,                    |
|        | 813 S. Broad St.  | _                    |
|        | Brooksville, FL 34601 City/State and Zip Code   |                      |
|        | E-mail address: (to be used for future annual report notification)  | <u>^</u>             |
| For fu | rther information concerning this matter, please call:  |                      |
|        | Troy Robinson at 352, 799- Name of Contact Person at Code & Daytime Telep   | 3+33<br>phone Number |
| Enclos | sed 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 Corporation Clifton Building 2661 Executive Cente |                      |

Tallahassee, FL 32301

| . Both for contonations   |   |
|---|---|
| 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: Brooksville Chiropractic Inc.   |   |
| 2. The principal office address: 813 S. Broad St.   |   |
| Brooksville FL 34601  |   |
| 3. The mailing address (if different):  |   |
| 11/0/2001 - DOLDONALES  |   |
| 4. Date of incorporation/qualification: 11 9 2006 Document number: P0600141831  |   |
| 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)  |   |
| Lowman Law Firm   |   |
| 31 S. Main St.  |   |
| Brooksville FL 34601 5 5 7  |   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |   |
| TROY Robinson   |   |
| 813 S. Broad St.  |   |
| P.O. Box NOT acceptable  Proops ville Fl 34(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.  | 1 |
| 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  Troy Robinson Pres.  Printed or typed name and title   |   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete<br>performance of my duties, and I am familiar with and accept the obligation of my position as registered<br>agent. Or, if this document is being filed merely to reflect a change in the registered office address, I<br>hereby confirm that the corporation has been notified in writing of this change. |   |
| 9/16/14   |   |
| Signature of Registered Agent Date  If signing on behalf of an entity:  |   |
| Typed or Printed Name   |   |

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