## P07000112162

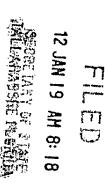
P.O. Box ORlando,	550010 F1 3285	\$5
(Cit	y/State/Zip/Phor	ne #) <sub>.</sub>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	·) -
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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MAChangl Newis 1-23-12

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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
1. The name of the corporation: COIDNIAL CHIROPIACTIC FINER, TWO
2. The principal office address: BID W. 88+ COLONIAL DR.  ORLANDO, FL 32804
3. The mailing address (if different): P. O. BOX 5500000  OR 19000, F1 32,855
4. Date of incorporation/qualification: Document number: P07000112162
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)
Resigned 2 2 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  DR. KATHERINE L. MACHARA  3245 Post St Detona, F1. 32738  P.O. Box NOT acceptable
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.
Gatherine Machara & KATHERINE MACHARA D.C., Signature of an officer or director
thereby 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.
Suthering Machana DC 1-09-2012 Signature of Registered Agent Date
If signing on behalf of an entity:  Sathering Machana C.  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)