

PD 8 DDDU 67836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

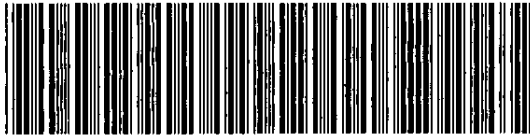
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TALLAHASSEE, FLORIDA  
10 JAN 21 PM 4:43

KA/RD/Chg  
@ 1/22/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clarcona Family Chiropractic Inc  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Paul Menzies D.C.  
Name of Contact Person

Clarcona Family Chiropractic Inc  
Firm/Company

4522 Clarcona Ocean Rd  
Address

Orlando, FL 32810  
City/State and Zip Code

contikiroyager@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL MENZIES at (407) 822-1142  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2010

PAUL MENZIES  
4522 CLARCONA-OCEE ROAD  
ORLANDO, FL 32810

SUBJECT: CLARCONA FAMILY CHIROPRACTIC, INC.  
Ref. Number: P08000067836

We have received your document for CLARCONA FAMILY CHIROPRACTIC, INC. 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 document must have original signatures.

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 110A00000372

RECEIVED  
2010 JAN 22 AM 10:00  
DIVISION OF STATE  
SECRETARIES  
TALLAHASSEE, FLORIDA

# 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: Clarcona Family Chiropractic Inc
2. The principal office address: 4522 Clarcona Ocean Rd  
Orlando FL 32810
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: July 17, 2008 Document number: CP261
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

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

Anthony Smith Law, P.A.  
1701 Park Center Dr. #203  
P.O. Box NOT acceptable  
Orlando, FL 32835

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TALLAHASSEE  
10 JAN 21 PM 4:43

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.

Paul Menzies D.C.  
Signature of an officer or director

Paul Menzies D.C. 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]  
Signature of Registered Agent

12/22/09  
Date

If signing on behalf of an entity:

CORP Anthony Smith  
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)