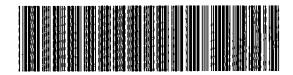
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Healthy Joints	Chiropractic & Name of Corporation	Wellness Inc	<del></del>
DOCUMENT NUMBER:	P0900007	1564	
The enclosed Statement of Change of Reg	istered Office/Agent	and fee are submitt	ed for filing.
Please return all correspondence concerni	ng this matter to the fo	ollowing:	
•		J	
	Travis Mohr		
	Name of Contact Per	son	
Healthy .	Joints Chiropractic	& Wellness	
	Firm/Company		
	17429 Bridge Hill	Ct	
	Address		
	Tampa, FL 3364	17	
	City/State and Zip C	ode	
D	r.Mohr33@gmail.d	com	
E-mail address: (to b	be used for future an	nual report notifi	cation)
For further information concerning this m	atter, please call:		
Travis Mohr		R13 、	092 7021
Name of Contact Person	at (	rea Code & Daytin	983-7921 ne Telephone Number
Enclosed is a \$35.00 check made payable	to the Department of	State.	
Mailing Address	<u>:</u>	Street Address:	
Amendment Sec	tion	Amendment Se	
Division of Cor	porations	Division of Cor	•
P.O. Box 6327 Tallahassee, FL	32314	Clifton Buildin 2661 Executive	
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Tallahassee, FL 32301

TO:

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In order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Healthy Joints Chiropractic & Wellness IJL  2. The principal office address: 17429 Bridge Hill Ct. Tampa, FL 33647  3. The mailing address (if different): Same  4. Date of incorporation/qualification: 08/25/09 Document number: P09000071564  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 Linda Tomes  17419 Bridge Hill Ct.  Tampa, FL 33647  6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Travis Mohr  17429 Bridge Hill Ct.  P.O. Bax NOT acceptable  Tampa, FL 33647  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.  Travis Mohr  Sugmuture of Augustered Agent and agree to act in this capacity. I be the proper and complete performance advancement 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.  12/02/10  Date  18 signing on behalf of an entity:  Travis Mohr Typed or Printed Name  ****FILING FEE: \$35.00 ****	statement of ch	ange is submitted for a co	orporation organ	z, 607.1308, or 617.1308, F101 ized under the laws of the State wad grant, or both, in the State	e of Florida
4. Date of incorporation/qualification: 08/25/09 Document number: P09000071564  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 — Linda Jones  17419 Bridge Hill Ct.  Tampa, FL 33647  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Travis Mohr  17429 Bridge Hill Ct.  Po. Box NOT sceptable  Tampa, FL 33647  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.  Travis Mohr. Owner  Signature of an officer or director.  I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent of my dulist on an are registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.  12/02/10  Date  Trovis Mohr.  12/02/10	1. The name of	the corporation: Healt	hy Joints Ch	niropractic & Wellnes	·
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 — Linda Jones  17419 Bridge Hill Ct.  Tampa, FC 33647  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Travis Mohr  17429 Bridge Hill Ct.  P.O. Box NOT acceptable  Tampa, FL 33647  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.  Travis Mohr, Owner  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. Thereby confirm that the corporation has been notified in writing of this change.  12/02/10  Signature of Registered Agent  Travis Mohr.  Signature of Registered Agent  12/02/10  Date	3. The mailing	address (if different):_Sa	ıme		
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If signing on behalf of an entity:			X	12/02/ <sup>-</sup>	10
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Travis Mohr  Typed or Printed Name  * * * FILING FEE: \$35.00 * * *	If signing on be	chalf of an entity:			
*** FILING FEE: \$35.00 ***		. <del>_</del>			. #
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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314