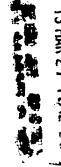
## P09000091176

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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OCTAR FREE YES TAKE

PA Chang 03/27/13



ION SERVICE COMPANY					
ACCOUNT NO. : I2000000195					
REFERENCE : 582091 7734281					
AUTHORIZATION:					
COST LIMIT : \$ 35.00					
ORDER DATE: March 25, 2013					
ORDER TIME : 9:07 AM					
ORDER NO. : 582091-010					
CUSTOMER NO: 7734281					
CHANGE OF AGENT					
NAME: NEUROTECHNOLOGIES OF THE TREASURE COAST, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Susie Knight EXT# 52956					
EXAMINER:					

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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida State or animal and the laws of the State of Florida	orida	
	-	registered agent, or both, in the State of Flor		
		OGIES OF THE TREASURE COAST. INC.		
2. The principal	office address: 145 NW Central Pa	rk Plaza, Suite 104, Port St. Lucie, FL 3498	36	
3. The mailing a	address (if different): +32 NW Cante	erbury Ct., Port St. Lucie, FL 34983		
4. Date of incorp	poration/qualification: 11/05/2009	Document number: P09000091	176	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with tesigned)	the	
	Jerome P. Eisele, Sr.			
	432 NW Canterbury CT, Port St. L	ucie, FL 34983		
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	13 MAR 27	
	1201 Hays Street			-
	P.O. Box Tallahassee, FL 32301	x NOT acceptable	D: 21	
	ess of its registered office and the st be identical.	treet address of the business office of its reg		ent,
such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officen notified in writing of the change.	cer so	
Signatur	P. L'soloss.	Jerome P. Eisele, Sr.  Printed or typed name and title		<del></del>
I I further agree to performance of l agent. Or, if thi hereby confirms		at and agree to act in this capacity. statutes relative to the proper and complet and accept the obligation of my position as a reflect a change in the registered office and led in writing of this change.	'e registered ldress, I	
By: Sign	nature of Registered Agent	3-22-13 Date		
St	nalf of an entity: Je G. Knight nt Vice President			
Tv	ped or Printed Name			

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