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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Habana Spine & Medical Clinic
Name of Corporation

DOCUMENT NUMBER: 810000021449

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:

Aaron Bennett
Name of Contact Person

Habana Spine & Medical Clinic
Firm/Company

4600 W Habana Ave Suite #32
Address

Tampa FL 33614
City/State and Zip Code

Habana wellness@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Bennett at (813) 402-2946
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

**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: Habana Spine & Medical Clinic Inc.
2. The principal office address: 4600 N Habana Ave Suite #32
Tampa FL 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/16/2010 Document number: P10000021449

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)

Darlene Jones
6030 Prinary St #108
Tampa FL 33616

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

PAUL AWA
90 WINDING RIVER LANE (PO Box 341)
P.O. Box NOT acceptable
INGLIS FL 34449

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.

[Signature] Darlene Jones, Do
Signature of an officer or director 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

11/5/10
Date

If signing on behalf of an entity:

PAUL AWA
Typed or Printed Name

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