## P100004111

(Requestor's Name)		
(Address)		
(Add	dress)	
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
· .		

Office Use Only



800183603158

AC E. DENNARD 7/22/10

## Malave, Erin

From: Hd Management And Solutions [hdmsolutions@yahoo.com]

**Sent:** Tuesday, July 20, 2010 7:00 PM

To: CorpAddressChange Subject: ADDRESS CHANGE

## PLEASE NOTE THAT THE PRINCIPAL ADDRESS FOR: BAY-CROSS CHIRPRACTIC CENTER, INC.

Document Number P10000041717

IS

1360 SW BAYSHORE BLVD PORT ST LUCIE, FL 34984

PLEASE MAKE CHANGES.

THANK YOU.