## P11000094070

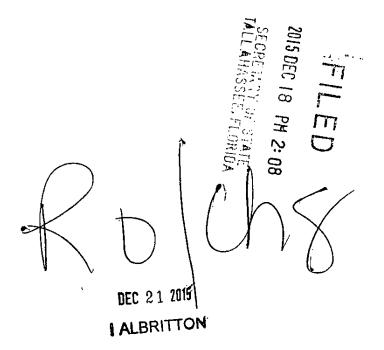
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JOSEPH TAYJOR DC PA  Name of Corporation
DOCUMENT NUMBER: \$1/000094676
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:
Joseph TAylor Name of Contact Person
Joseph Taylor DX PA Firm/Company
4047 OKEECHODEE BIVE # 126 Address
West Palm Beach FL. 33409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (56) 713-776]  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

16.

## \* 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Joseph Taylor DC PA
2. The principal office address: 4047 Oxes Chobes Blvd. # 136
West Polm Bornh, Fl. 33409
3. The mailing address (if different): P.O. BOX 541128
LAKE WOTH, FL. 33454-1208
4. Date of incorporation/qualification: 16/31/11 Document number: P1/0000 94676
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)
Dr. Joseph L TAylor
655 N. Militar Trail
West Portin Beach, FL, 33415
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4047 OK EE Chohee Blv2 #126  P.O. Box NOT acceptable
West PAlm Beach, FL. 33469
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.
Joseph Taylor
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 of Registered Agent 12/14/15
If signing on behalf of an entity:
Typed or Printed Name

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