

3/11/2015 10:11:43 From: To: 8506176380

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
COUNTY LINE CHIROPRACTIC CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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*Signature*

T. J. JAMES

MAR 12 2015

**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: COUNTY LINE CHIROPRACTIC CENTER, INC.
2. The principal office address: 21309 NORTHWEST 2ND AVENUE, MIAMI, FL 33169
3. The mailing address (if different): 21309 NW 2ND AVE, MIAMI, FL 33169
4. Date of incorporation/qualification: 12/22/1997 Document number: P97000107045
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)  
DBC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD., STE A-210  
MIAMI, FL 33169
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

MARIA PAZOS, C.O.D.  
 Signature of officer or director  
 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.

By: [Signature] 3/11/2015  
 Signature of Registered Agent Date

If signing on behalf of an entity:  
DAVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY  
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (03/12)

FL006-6962/0813 Whelan-Klauer 03/12

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