Comprehensive Wellness Services 1239 E. Newport Center Dr., #113 Deerfield Beach, FL. 33442 City/State/Zip Phone

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	<u>AMENDMENTS</u>	-
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CR2E031(7/97)

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, the undersigned corporation organized under the laws of the State of Florida.
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: Simons Business Gervices Inc.
Siring Some Services Str.
2. The mailing address of the corporation: 2651 Nw 62 Terrace
Sunrise Florida 33313
3. Date of incorporation/qualification: May 1, 1998 Document number: 198000397
4. The name and address of the current registered agent and office:
Corporation Survice Company
1201 Hays Street
Tallahassee FC 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
NOTE DINOVIA
alest NW led Terrace
The street address of its registered affine add
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.
- Gertal 3 10/28/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent)
If signing on behalf of an entity:
Typed or Printed Name) (Typed or Printed Name) (Conseils)
(Capacity)

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