

P98000072831

Document Number Only

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

000002677580--9
-11/02/98--01042--014
*****35.00 *****35.00

Chimp Chiropractic Sales

- FILED**
98 NOV - 2 PM 12:04
TALLAHASSEE FL 32301
SECRETARY OF STATE
- | | | |
|--|---|--|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Limited Liability Company | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Foreign | | |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Reservation | ☒ Change of R.A. |
| ☐ Limited Liability Partnership | | ☐ Fictitious Name |
| ☐ Certified Copy | ☐ Photo Copies | ☐ CUS |
| ☐ Call When Ready | ☐ Call if Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
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DIVISION OF CORPORATION

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THANKS
JOEY

Florida Department of State, Jim Smith, Secretary of State

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.

1a. The name of the corporation is: Chiro Chiropractic Sales, Inc.

1b. Date of incorporation 8/17/98 Document number P98000072831

2. The name and address of the current registered agent and office:

CT Corporation System

1200 S. Pine Island Road, Plantation, FL 33324

3. The name and address of the new registered agent and office:

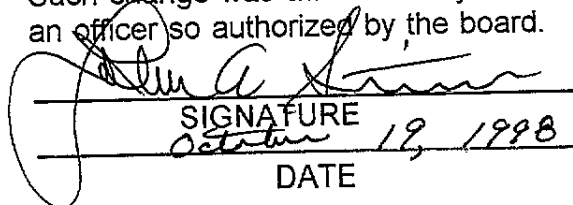
(P.O. Box Not Acceptable)

Robert J. Culig

Westmonte Plaza, 195 S. Westmonte Dr., Suite L, Alameda Springs, FL 32714

The street address of its registered agent 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.


SIGNATURE
DATE 12, 1998

John A. Stiver, President
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 BY: Robert J. Culig

(Registered Agent)

DATE OCTOBER 22, 1998

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00

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NOV - 2 PM 12:04
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