

L06000001116

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(Address)

(City/State/Zip/Phone #)

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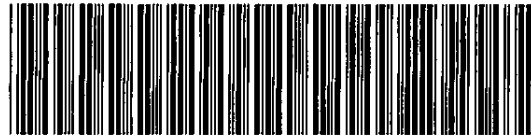
(Business Entity Name)

(Document Number)

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J. BRYAN SEP - 5 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy D. Permenter, Jr., Esquire

(Name of Person)

The Permenter Law Firm, P.A.

(Firm/Company)

2603 S.E. 17th Street, Suite B

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

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For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire

(Name of Person)

at (352) 622-1811

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC
2. The mailing address of the limited liability company is : 2135 S.W. 19th Avenue Road, Suite 101,
Ocala, Florida 34474 (as amended) (formerly 824 S.E. Sanchez Avenue, Ocala, Florida 34471)

January 4, 2006

L06000001116

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael Paul Bruce

Name

824 S.E. Sanchez Avenue

Address

Ocala, Florida 34471

City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael Paul Bruce

Name

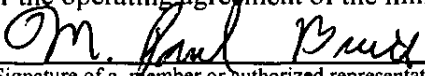
2135 S.W. 19th Avenue Road, Suite 101

Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL 34474

City, State and Zip

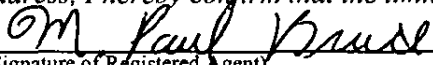
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Michael Paul Bruce

(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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

FILING FEE: \$25.00

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