## P03000020063

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Bland & Associates, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000020063

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:

G. Alan Howard

(Name of Contact Person)

Milam Howard Nicandri Dees & Gillam, P.A. (Firm/Company)

208 North Laura Street, Suite 800 (Address)

Jacksonville, FL 32202 (City/State and Zip Code)

For further information concerning this matter, please call:

G. Alan Howard

(Name of Contact Person)

at (904) 357-3660 (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

## 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: Bland & Associates, Inc.
2. The principal office address: 7035 Philips Highway, Suite 5-129, Jacksonville, FL 32216
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/19/03 Document number: P03000020063
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Milam Howard Nicandri Dees & Gillam, P.A.
50 N. Laura Street, Suite 2900
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Milam Howard Nicandri Dees & Gillam, P.A.
208 North Laura Street, Suite 800 (P.O. Box NOT acceptable)
Jacksonville, FL 32202
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.
(Signature of an officer or director)  My (c 5 B   9nd ) fire siden t  (Printed or typed name and title)
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) (Date)
If signing on behalf of an entity:
G. Alan Howard (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