

P09000097002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

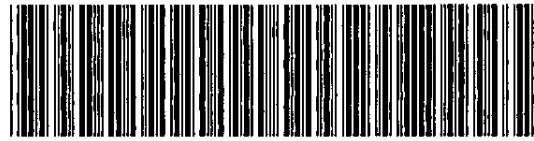
(Business Entity Name)

(Document Number)

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02/27/17--01019--034 **10.00

*3/29/17
or*

10/18 Exchange

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2017 MAR 28 PM 2:32
DEPARTMENT OF STATE
333 ARLING STREET, F10010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JENNIFER ZIEGLER D.O., P.A.
Name of Corporation

DOCUMENT NUMBER: P09000097002

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:

MATT ZIEGLER
Name of Contact Person

JENNIFER ZIEGLER D.O., P.A.
Firm/Company

126 ALEX CT
Address

KUTZTOWN PA 19530
City/State and Zip Code

JZDOPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATT ZIEGLER at 910 382-5443
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2017

JENNIFER ZIEGLER
126 ALEX CT
KUTZTOWN, PA 19530

SUBJECT: JENNIFER ZIEGLER, D.O., P.A.
Ref. Number: P09000097002

We have received your document for JENNIFER ZIEGLER, D.O., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 217A00004169

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: JENNIFER ZIEGLER D.O., P.A.
2. The principal office address: 13826 HARBOR CREEK PLACE
JACKSONVILLE FL 32266
3. The mailing address (if different): 126 ALEX CT
KUTZTOWN PA 19530
4. Date of incorporation/qualification: 1 JAN 2010 Document number: P09000097002

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)

JENNIFER B. ZIEGLER

1813 TWELVE OAKS LN W

NEPTUNE BEACH FL 32266

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JENNIFER B. ZIEGLER

13826 HARBOR CREEK PLACE

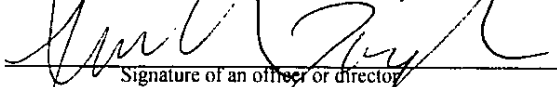
P.O. Box NOT acceptable

JACKSONVILLE FL 32244

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

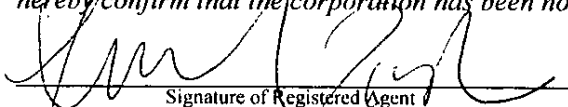
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JENNIFER B. ZIEGLER

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

18 MARCH 2017

Date

If signing on behalf of an entity:

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