

P94000035309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

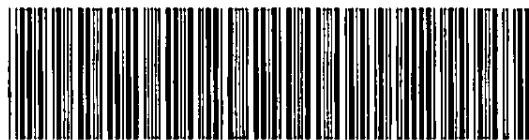
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oculoplastics and Orbital Consultants, P.A.
Name of Corporation

DOCUMENT NUMBER: P94000035309

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:

Kim Ridgley
Name of Contact Person

Oculoplastic & Orbital Consultants
Firm/Company

4060 PGA Blvd, Suite 101
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

mikeconnor9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Ridgley at (561) 845-6500
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

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: Oculoplastic and Orbital Consultants, P.A.
2. The principal office address: 4060 PGA Blvd, Suite 101, Palm Beach Gardens, FL 33410

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/9/1994 Document number: P94000035309

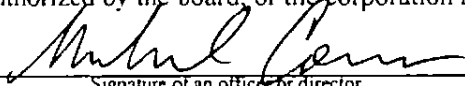
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Michael Patipa
4461 Medical Center Way, Suite A
West Palm Beach, FL33407

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dr. Michael Connor
4060 PGA Blvd, Suite 101
P.O. Box NOT acceptable
Palm Beach Gardens, FL 33410

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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
Michael Connor/CEO 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
Michael Connor Date

If signing on behalf of an entity:

Typed or Printed Name

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