

P97000030461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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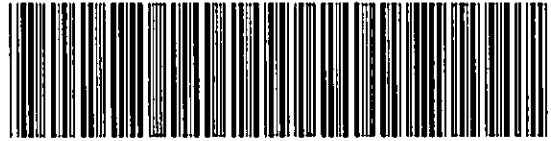
(Business Entity Name)

(Document Number)

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S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JEFF M. BAUMAN, Psy.D. P.A.  
Name of Corporation

**DOCUMENT NUMBER:** 997000030461

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:

JEFF BAUMAN  
Name of Contact Person

JEFF M. BAUMAN, Psy.D., P.A.  
Firm/Company

14732 VISTA LUNA DRIVE  
Address

DAVIE FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

JEFF BAUMAN at (954) 659-0059  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JEFF M. BAUMAN, Psy.D., P.A.  
2. The principal office address: 14732 VISTA LUNA DRIVE  
DAVIE FL 33325

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4-03-97 Document number: P97000030461

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)  
JEFF BAUMAN  
1840 MAIN ST SUITE 102  
WESTON FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
JEFF BAUMAN  
14732 VISTA LUNA DRIVE  
DAVIE FL 33325

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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]  
Signature of an officer or director

JEFF BAUMAN  
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]  
Signature of Registered Agent

6-12-2020  
Date

If signing on behalf of an entity:  
JEFF BAUMAN  
Typed or Printed Name

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