

580 234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

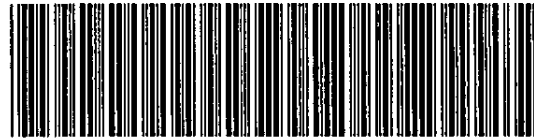
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLENN A. HELWIG, MD PA
Name of Corporation

DOCUMENT NUMBER: 580234

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:

RENNETH DELARRE, CPA
Name of Contact Person

GLENN A. HELWIG, MD PA
Firm/Company

1618 S. HIGHLAND AV
Address

CLEARWATER FL 33756
City/State and Zip Code

MARTINI 309@sbglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN A. HELWIG MD at (713) 398-6182
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

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DIVISION OF CORPORATIONS
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**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: GLENN A. HELWIG MD PA
2. The principal office address: 1618 S. HIGHLAND AV, SUITE - DELARBRE
CLEARWATER, FL 33756
3. The mailing address (if different): 208 E. 12TH ST
HOUSTON, TX 77008
4. Date of incorporation/qualification: 8/1/1978 Document number: 580234
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)

GLENN A. HELWIG MD
13621 PERDIDO KEY DR, #1004 W
PENSACOLA, FL 32507

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

KENNETH DELARBRE, CPA
1618 S. HIGHLAND AV, SUITE - DELARBRE
CLEARWATER, FL 33756
P.O. Box NOT acceptable

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.

Glenn A. Helwig
Signature of an officer or director

GLENN A. HELWIG
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.

X *Kenneth Delarbre* CPA X
Signature of Registered Agent

10/3/16
Date

If signing on behalf of an entity:

GLENN A. HELWIG MD PA
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