

603688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

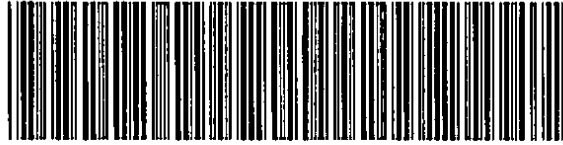
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700301755107

07/27/17--01022--002 **35.00

FILED
JUL 27 P 3 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2017

RECEIVED

RA10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: James V Stelnicki, DPM PA
Name of Corporation

DOCUMENT NUMBER: 603688

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:

Rita Briggs

Name of Contact Person

James V Stelnicki, DPM PA

Firm/Company

6543 Madison St

Address

New Port Richey, FL 34652

City/State and Zip Code

Footleg@Marlowe.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Briggs

Name of Contact Person

at (727) 842-9504

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: James V Stelnicki, DPM PA
2. The principal office address: 6543 Madison St
New Port Richey, FL 34652-1926
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/08/1972 Document number: 609688

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)

Dr. James V Stelnicki resigned

6543 Madison St

New Port Richey, FL 34652-1926

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

Dr. Omair Zafar

6543 Madison St

P.O. Box NOT acceptable

New Port Richey, FL 34652-1926

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUL 27 P 3 32

FILED

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

James V Stelnicki President

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

07/28/2017

Date

If signing on behalf of an entity:

Dr Omair Zafar

Typed or Printed Name

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