683	106			
(Requestor's Name) (Address)	100162484851			
(Address) (City/State/Zip/Phone #)				
	11/23/0901033009 <b>**</b> 35.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status				
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Office Use Only				

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

. . . .

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Thomas E. Hyde, DC, PA	
Name of Corporation	

## **DOCUMENT NUMBER:\_**

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:

Susan Hyde Name of Contact Person

Firm/Company

34 Hearthstone Drive Address

Asheville, NC 28803 City/State and Zip Code

susanhyde12@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Hyde	at ( 828 )	505-4272
Name of Contact Person	Area Code & Day	time Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

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- 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  $\underline{F}$ \_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.
- 1. The name of the corporation: Thomas E. Hvde, DC, PA
- 2. The principal office address: 34 Hearthstone Drive Asheville, NC 28803
- 3. The mailing address (if different): 34 Hearthstone Drive Asheville, NC 28803
- 4. Date of incorporation/qualification: \_\_\_\_08/26/1980 \_\_\_\_ Document number: \_\_\_\_\_683106
- 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)

Susan Hyde	······
2240 N.E. 202 St	

Miami, FL 33180

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

Phyllis Soldinger	-		
10656 S.W. 76 Terr	TALL	2009 NOV	
P.O. Box NOT acceptable	Èř.	NO	
Miami, FL 33173	TARY	W 23	
The street address of its registered office and the street address of the business office of its as changed will be identical.	s registe		
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.		so:2	1 and
Jusan Mr	5: Iyde	-	
/ Signature Wan officer or director Printed or typed name and tit	le /		

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 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 CR2E045 (8/05)