

711056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

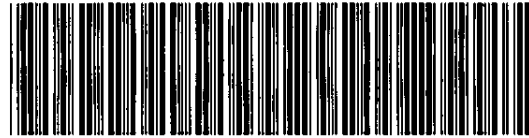
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200260217802

05/19/14--01019--015 \*\*35.00

14 MAY 19 11 56:00

FILED

PA Chang  
6-4-14  
DC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Visiting Nurses Association of Southwest Florida Inc.  
Name of Corporation

DOCUMENT NUMBER: 711056

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:

J. Robert Griffin  
Name of Contact Person

Visiting Nurses Association of Southwest Florida Inc.  
Firm/Company

9470 Heath Park Circle  
Address

Fort Myers FL 33908  
City/State and Zip Code

bob.griffin@hopehcs.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Griffin at ( 239 ) 489-9157  
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: Visiting Nurses Association of Southwest Florida, Inc.

2. The principal office address: 9470 HealthPark Circle  
Fort Myers FL 33908

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/16/1966 Document number: 711056

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)

John R. Griffin  
3653 Central Avenue  
Fort Myers FL 33901

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

J. Robert Griffin  
9470 HealthPark Circle  
P.O. Box NOT acceptable  
Fort Myers FL 33908

FILED  
14 MAY 19 14 5:00

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.

Samira K. Beckwith  
Signature of an officer or director

Samira K. Beckwith  
Printed or typed name and title President/CEO

*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.*

John Robert Griffin  
Signature of Registered Agent

4/30/14  
Date

If signing on behalf of an entity:

J Robert Griffin  
Typed or Printed Name

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