

717623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

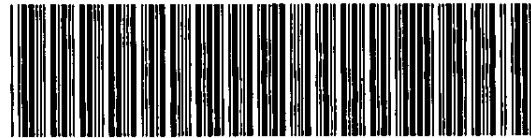
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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OCT 16 2014

C. CARROTHERS

**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: Halifax Medical Center Auxiliary, Inc.
2. The principal office address: 303 North Clyde Morris Blvd., Daytona Beach, FL 32114
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/24/1969 Document number: 717623
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)

David J. Davidson

303 North Clyde Morris Boulevard

Daytona Beach, FL 32114

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

Shelly L. Shiflet

303 North Clyde Morris Boulevard

P.O. Box NOT acceptable

Daytona Beach, FL 32114

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.

W.G. Watts  
Signature of an officer or director

W.G. Watts, 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.*

Shelly L. Shiflet  
Signature of Registered Agent

10/2/14  
Date

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

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