Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

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Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

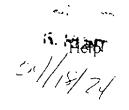
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REGISTERED AGENT CHANGE ROBERT S. SMITH, M.D., INC.

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH

FOR CORPO	DRATIONS		(((H24000140800
statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regi	anized under the laws of the State of	GA
	the corporation: ROBERT S. SMITH, M	,	
	office address: 11390 Old Roswell Rd S		8
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/15/2012	Document number: F120000	00719
	d street address of the current registered rument of State: (If resigned, enter resign		ith the
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		- 7
6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /or registered of	္ႏွင္း
	LEGALINC CORPORATE SERVICES	INC.	G P III
	476 Riverside Ave.	ָּרָ. ד	PH 12: 07
	PO B Jacksonville, FL 32202	lox NOT acceptable	_ [12] —
	· · · · · · · · · · · · · · · · · · ·		_
The street address changed will	ess of its registered office and the stree I be identical.	t address of the business office of it	ts registered agent.
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so
	Bregg Costantino	Gregg Costantino, CEO	
Signati	re of an officer or director	Frinted or typed name and to	itle
l jurther agree of my duties, ar document is be	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	itutes relative to the proper and con digation of my position as registere the registered office address. I herei	nplete performance d agent. Or, if this by confirm that the
ک	in Moseley	04/17/2024	
	mature of Registered Agent	Date	
if signing on he	chalf of an entity:		

It signing on behalf of an entity:

John Moseley

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 (04/13)

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