

# F210000001019

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

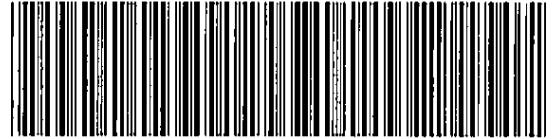
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: KEVIN EDWARDS MD PC  
Name of Corporation

DOCUMENT NUMBER: F21000001019

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:

KEVIN EDWARDS  
Name of Contact Person

KEVIN EDWARDS MD PC  
Firm/Company

3635 NE 1st Ave Apt 1903  
Address

Miami FL 33137  
City/State and Zip Code

DRKEVINEDWARDS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN EDWARDS at ( 304 ) 584-3538  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KEVIN EDWARDS MD PC
2. The principal office address: 3635 NE 1st Ave Apt 1903  
Miami, FL, 33137
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: F2600001019
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)

Registered Agents Legal Services LLC  
115 office plaza Dr Suite A  
Tallahassee FL 32301

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

KEVIN EDWARDS  
3635 NE 1st Ave Apt 1903  
Miami, FL 33137  
P.O. Box NOT acceptable

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]  
Signature of an officer or director

KEVIN EDWARDS, 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]  
Signature of Registered Agent

9/29/23  
Date

Signing on behalf of an entity:

KEVIN EDWARDS  
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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