## G61930

(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



500381724125

02/14/22--01025--025 \*\*35.00

FILED

2022 FEB 14 AM 8: 41

Third See STATE

C. BRUMBLEY FEB 2 2 2022

## FILED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ana is enhanged for a corporation or	9502, 607, 1508, or 617, 1508, Florida Stantes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The more of	the corporation: WILLIAM F. HAMIL	TON, M.D., P.A	_
2. The principa	Foffice address: 8731 SW 50TH ROAD	, GAINESVILLE, FL 32608	<del>-</del> -
3. The mailing	address (if different):	A C Water	_
4. Date of inco	rporation/qualification: 10/01/1983	Document number: G61930	
5. The name ar	nd street address of the current register intment of State: (If resigned, enter res	ed agent and registered office on file with the	
	JAMES V. WALKER		<b>2</b> 02
			יים קרות פרות
	PONTE VEDRA BEACH, FL 32082		-
6. The name ar (if changed):		agent (if changed) and /or registered office	<u> </u>
	Blalock Walters, P.A.	· · · · ·	•
	802 11th St. W.		
		), Box 3401 acceptable	
	Bridenton, FL 34205		
The street addras changed wi	ress of its registered office and the st II be identical.	reet address of the business office of its registered ager	н.
Such change wanthorized by	ras authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
(12.	1 /12. 16. 110 M	William F. Hamilton, President Printed or typed name and title	_
I hereby accept further agree of my duties, a	y the appointment as registered agen	at and agree to act in this capacity. statutes relative to the proper and complete performat whitgation of my position as registered agent. Or, if t in the registered office address, I hereby confirm that t inge.	nce his tha
ر المارية المارية الماري	Andrew D. Blackbong gnature by Registered Agent Propagal	2/11/2022 Date	_
	•	A STATE OF THE STA	
If signing on b	chalf of an entity:		
Blalock Walter			
	Typed or Printed Name		

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