

**J 79441**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6220

From:

Account Name : BLALOCK, WALTERS, GALL & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)745-0100  
Fax Number : (941)745-2093

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Email Address: epennington@blalockwalters.com

**REGISTERED AGENT CHANGE  
ZEPHYRHILLS BRACE & LIMB, INCORPORATED**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

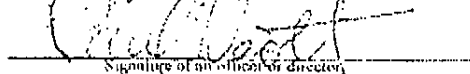
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*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: Zephyrhills Brace & Limb, Incorporated
2. The principal office address: 6417 Gall Blvd.  
Zephyrhills, FL 33542
3. The mailing address (if different): 3611 5th Ave North  
St. Petersburg, FL 33713
4. Date of incorporation/qualification: 06/24/1987 Document number: J79441
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)  
Paul Weott  
3611 5th Ave North  
St. Petersburg, FL 33713
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Blalock Walters, P.A.  
802 11th Street W  
P.O. Box NOT acceptable  
Bradenton, FL 34205

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 of an officer or director

Paul Weott, 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 of Registered Agent

2/18/16  
Date

If signing on behalf of an entity:

Robert Stroud

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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