95051

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/15/2025				
	Cheyanne Davis	_			
Reference #	2624735				
Entity Name	STEVEN HOCH	IFELDER, D.M.D., P.A.			
☐ Article	es of Incorporation/Authorization	n to Transact Business			
Amer	ndment				
✓ Chan	ge of Agent				
Reins	statement				
Conversion					
☐ Merge	er				
☐ Disso	lution/Withdrawal				
Fictition	ous Name				
Other		·			
Authorized A	Amount: \$35.00				
Signature:	Ohyma Paine				

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

statement of char	ige is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508. Florida S orporation organized under the laws of the State of _	Florida
	•	d office or registered agent, or both, in the State of Fi STEVEN HOCHFELDER, D.M.D., P.A.	'orida.
1. The name of th	ne corporation:	C/O STEVEN HOCHELDER	
2. The principal of	office address:	C/O STEVEN HOCHFELDER	
	200 VVATIVIC	ONT CT Suite 130, LAKE MARY, FL 32746	
4. Date of incorp	oration/qualification: _	09/28/1987 Document number:	J95051
	street address of the cument of State: (If resign	rrent registered agent and registered office on file wit ned, enter resigned)	h the
		HOCHFELDER, STEVEN	ده
	C/O STEVEN H	OCHFELDER, 200 WAYMONT CT Suite 130	2025 JAN 15
	LAKE MARY, FL 32746		至了
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office To		SE
		Cogency Global Inc.	: 24 PATE PATE
	11	5 North Calhoun Street, Suite 4	P
		P.O. Box NOT acceptable	
		Tallahassee, Florida 32301	
The street address as changed will l	ss of its registered offi- be identical.	ce and the street address of the business office of its	registered agent,
Such change was authorized by the	s authorized by resolute board, or the corpora	tion duly adopted by its board of directors or by an oution has been notified in writing of the change.	officer so
/s/ Steven Hochfelder		Steven Hochfelde	
_	e of an officer or director	Printed or typed name and titl	e ·
I furthër avrëe te	o comply with the prov	istered agent and agree to act in this capacity, isions of all statutes relative to the proper and comid accept the obligation of my position as registered a change in the registered office address, I hereby g of this change.	plete performance agent. Or, if this y confirm that the
Kar	in Mc Keown	1/6/2025	
Sign	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
I	Karen McKeown		
Ty	ped or Printed Name		

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