

LOT 100016295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

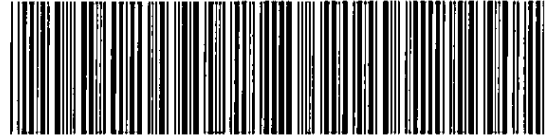
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 16 A 5:52

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/16/2018

****WALK IN****

ENTITY NAME ORMOND MEDICAL ARTS FAMILY PRACICE, PL

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

CHECK # 5350

Please call Tina at the above number for any issues or concerns. Thank you so much!

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ORMOND MEDICAL ARTS FAMILY PRACTICE, PL

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

77 W. GRANADA BLVD

77 W. GRANADA BLVD

ORMOND BEACH, FL 32174

ORMOND BEACH, FL 32174

FEBRUARY 12, 2007

L07000016295

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SHOEMAKER, JAMES R

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

77 W. GRANADA BLVD

ORMOND BEACH, FL 32174

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

CT CORPORATION SYSTEM

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jeffrey Preuss, President and CEO

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Natalie Leiba-Paul - Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00