

NQ3000003280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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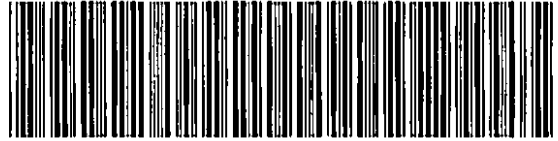
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 12 2019

T SCHROEDER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Radiologic Nursing Certification Board, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Patricia Troy

Name of Contact Person

Next Wave Group, LLC

Firm/Company

550M Ritchie Hwy., #271

Address

Severna Park, MD 21146

City/State and Zip Code

rncbacctg@nextwavegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Troy

Name of Contact Person

at ( 410 ) 647-5002  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

5031919

**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: Radiologic Nurses Certification Board (RNCB)
2. The principal office address: 550M Ritchie Hwy., #271, Severna Park, MD 21146
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 15, 2003 Document number: N03000003280
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)

Jon A. Dancy  
7794 Grow Drive  
Pensacola, FL 32514

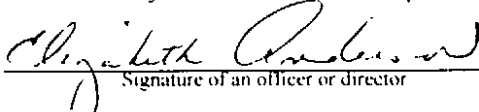
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cheryl Schmidt  
2678 Babbitt Avenue  
P.O. Box NOT acceptable  
Orlando, FL 32833

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**TALLAHASSEE, FLORIDA**

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

Elizabeth Anderson - President RNCB  
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

3/23/19  
Date

If signing on behalf of an entity:

Cheryl M. Schmidt  
Typed or Printed Name

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