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R. WHATE
JUN 0 3 2020

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Name of Corporation		
DOCUMENT NUMBER: N93000009805		
The enclosed Statement of Change of Registered Of	Tice/Agent and fee	e are submitted for filing.
Please return all correspondence concerning this ma	itter to the following	ıg:
Leon Gross		
Name of Contact Person	_	
Baker County Medical Services, Inc.		
Firm/Company		
159 North 3rd Street		
Address	····-	
Macclenny, Florida 32063		
City/State and Zip Code		
lgross@bcmedsvcs.com		
E-mail address: (to be used for future annual rep	port notification)	<del></del>
For further information concerning this matter, pleas	se call:	
Leon Gross	.904	) 653-4606 de & Daytime Telephone N

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

	of the corporation: Baker Community Health Center, Inc.	
	pal office address: 159 North 3rd Street	
3. The mailin	g address (if different): P.O. Box 484 Macclenny, Florida 32063	
4. Date of inc	corporation/qualification: 09/18/2006 Document number: N93000009805	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Leon Gross	
	159 North 3rd Street	~ •
	Macclenny, Florida 32063	,
6. The name a	and street address of the new registered agent (if changed) and /or registered office (i):	
	Stacey Conner	··· II: 35
	159 North 3rd Street	. J
	P.O. Box. NOT acceptable	
	Macclenny, Florida 32063	
The street add as changed w	dress of its registered office and the street address of the business office of its registill be identical.	stered agent,
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an office y the board, or the corporation has been notified in writing of the change.	r so
( ) ( ) '	Em Allando Mor CEA Edward Anderson CEO	
Colu		
Ceau	nature of an officer or director Printed or typed name and title	<del></del>
I hereby acce I further agre of my duties, document is t corporation h	Printed or typed name and title  cpt the appointment as registered agent and agree to act in this capacity,  ce to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agen  being filed merely to reflect a change in the registered office address. Thereby con-  has been notified in writing of this change.	performance n. Or, if this firm that the
I hereby acce I further agre of my duties, document is t corporation to	ant the approintment as registered agent and navee to get in this congretive	performance n. Or, if this firm that the
I further agree of my duties, document is he corporation h	ept the appointment as registered agent and agree to act in this capacity.  we to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agent being filed merely to reflect a change in the registered office address. I hereby compass been notified in writing of this change.	performance n. Or, if this firm that the

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