

081000001780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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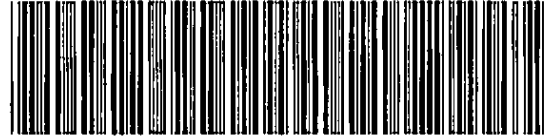
(Business Entity Name)

(Document Number)

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PO change

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SECRETARY OF STATE
CORPORATE SERVICES DIVISION

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Good Samaritan Clinic of West Volusia County, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000001780

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:

William Feyk
Name of Contact Person

Good Samaritan Clinic
Firm/Company

136 E. Plymouth Ave
Address

DeLand, Florida 32720
City/State and Zip Code

GSNLD1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Feyk at (386) 7386990
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: The Good Samaritan Clinic of West Volusia County, Inc
2. The principal office address: 136 E. Plymouth Avenue, DeLand, FL 32724
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/19/2007 Document number: N07000001780
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)

Sara Caldwell, Esq.

112 Orange Avenue, Suite 200

Daytona Beach, FL 32114

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

Sara Caldwell, Esq.

825 Ballough Road, Suite 420

P.O. Box, NOT acceptable

Daytona Beach, FL 32114

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]
Signature of an officer or director

MARY DE LOUIS
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]
Signature of Registered Agent

July 13, 2021
Date

If signing on behalf of an entity:

Sara Caldwell
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

CR2E045 (04/13)

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TALLAHASSEE, FL