## N0800000018Z

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T. LEWIS

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** INSTITUTE OF PAIN MANAGEMENT EDUCATIONAL AND RESEARCH FOUNDATION, INC. SUBJECT: Name of Corporation N08000000182 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: D. Randall Briley, Esq. Name of Contact Person Briley & Deal, LLC Firm/Company 2215 South Third Street, Ste. 101 Jacksonville Beach, FL 32250 City/State and Zip Code rbriley@jaxrelaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: D. Randall Briley Name of Contact Person 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flor	orida
	the corporation: Institute of Pain Management Education and Researc	
	l office address: 4243 Sunbeam Road, Ste. 3, Jacksonville, FL	
3. The mailing ac	address (if different): same	
4. Date of incorp	rporation/qualification: 1/7/08 Document number: N080000	000182
	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the
	D. Randall Briley, Esq.	
	135 Professional Drive, Ste. 101	
	Ponte Vedra Beach, FL 32082	SEP SEP
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	<b>三</b>
	D. Randall Briley, Esq.	3: O
	2215 South Third Street, Ste.101	DA N
	P.O. Box NOT acceptable  Jacksonville Beach, FL 32250	
The street addre	ress of its registered office and the street address of the business office of its reliable identical.	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so
Signatur	ure of an difficer of director  Or lando G. Florek J.  Printed or typed name and title	· Director
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple f my duties, and I am familiar with and accept the obligation of my position as his document is being filed merely to reflect a change in the registered office a hit the corporation has been notified in writing of this change.  That the first had been to be a change in the registered of the corporation has been notified in writing of this change.  Date	ete s registered ıddress, I
If signing on be	ehalf of an entity:	
	Typed or Printed Name	

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