1000000009978

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phoni | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | : |





900261634789

07/03/14--01002--010 **35.00

14 JUL -3 FH 2 33

RARDCHS.

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT:_Lake Wales Free Clinic, Inc. N09000009978 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. Andrew Hunt Name of Contact Person **Hunt & Smith Law Firm** Firm/Company 225 East Park Avenue Address Lake Wales, FL 33859 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: D. Andrew Hunt 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

| 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: Lake Wales Free Clinic, Inc. |
| 2. The principal office address: 210 East Dr. J.A. Wiltshire Avenue |
| Lake Wales, FL 33853 |
| 3. The mailing address (if different): 140 East Park Avenue |
| Lake Wales, FL 33853 |
| 4. Date of incorporation/qualification: 10/13/2009 Document number: N09000009978 |
| 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) |
| Lee A. Wheeler, III |
| 868 Tartan Loop |
| Lake Wales, FL 33853 |
| Eake Wales, FL 33853 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert Quam 140 E. Park Avenue |
| Robert Quam 73 |
| 140 E. Park Avenue |
| P.O. Box NOT acceptable |
| Lake Wales, FL 33853 |
| 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 MARK S PARLIER DIRECTOR 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 duites, land 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 Tune 12, 2014 Date |
| If signing on behalf of an entity: |
| ROBERT QUAM 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