

7
N1100000010377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100250512921

09/12/13--01002--001 **35.00

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 SEP 11 PM 2:27

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 11 PM 2:29

APPROVED
AND
FILED

RA/RO/CHS
@ 9/11/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida PACE Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N10000010377

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:

J. Robert Griffin

Name of Contact Person

Hope Hospice and Community Services, Inc.

Firm/Company

9470 HealthPark Circle

Address

Fort Myers, Florida 33908

City/State and Zip Code

bobgriffin49@hotmail.com

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

For further information concerning this matter, please call:

J. Robert Griffin

Name of Contact Person

at (850) 509-2065

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

**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: Florida PACE Association, Inc.
2. The principal office address: 9470 HealthPark Circle, Fort Myers, Florida 33908
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11/05/10 Document number: N10000010377
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)

Kathy L. Fernandez

12470 Telecom Drive, Suite 300 West

Temple Terrace, Florida 33637

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

J. Robert Griffin

9470 HealthPark Circle

P.O. Box NOT acceptable

Fort Myers, Florida 33908

APPROVED
AND
FILED
13 SEP 11 PM 2:29
SECRETARY OF STATE
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.

Samira K. Beckwith
Signature of an officer or director

Samira K. Beckwith, President
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.

J. Robert Griffin
Signature of Registered Agent

09/10/2013

Date

If signing on behalf of an entity:

J. Robert Griffin
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 (03/12)