

N11000009290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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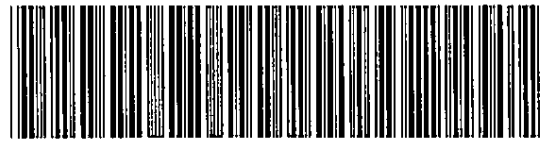
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Wuesthoff Health System Auxiliary Inc.
Name of Corporation

DOCUMENT NUMBER: N11000009290

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:

Barbara J. Camody

Name of Contact Person

The Wuesthoff Health System Auxiliary, Inc.

Firm/Company

PO Box 561395

Address

Rockledge, Florida 32956

City/State and Zip Code

barbaracamody1848@att.net

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

For further information concerning this matter, please call:

Barbara J. Camody

Name of Contact Person

at **321 452-6233**

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: The Wuesthoff Health System Auxiliary Inc.
2. The principal office address: 185 Barton Blvd Suite C
Rockledge, Florida 32955
3. The mailing address (if different): The Wuesthoff Health System Auxiliary Inc.
PO Box 561395, Rockledge, Florida 32956
4. Date of incorporation/qualification: October 3, 2011 Document number: N11000009290
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)

Sandra L. Williams
1846 US 1, Rockledge, Florida 32955

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

Barbara J Camody, President

The Wuesthoff Health System Auxiliary Inc.

P.O. Box NOT acceptable

185 Barton Blvd, Suite C, Rockledge, FL 32955

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.

Barbara J Camody
Signature of an officer or director

Barbara J. Camody, 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.

Barbara J Camody
Signature of Registered Agent

September 1, 2017

Date

If signing on behalf of an entity:

Barbara J. Camody, President

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

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