

N1600000 7537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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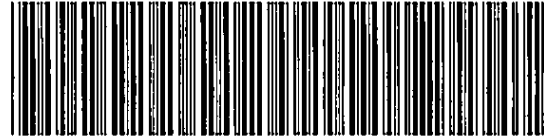
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 14 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians For PA Continuing Education
Name of Corporation

DOCUMENT NUMBER: 116000007537

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:

Katie Callaway
Name of Contact Person

Matchstick Management
Firm/Company

13605 Diamond Head Dr.
Address

Tampa FL 33624
City/State and Zip Code

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

For further information concerning this matter, please call:

Katie Callaway at 225 , 252 6887
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Physicians An PA Continuing Education, Inc
2. The principal office address: 13605 Diamond Head Dr
Tampa FL 33624
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/1/2016 Document number: N16000007637

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)

Meyer, Ronald G, Esq.
131 North Gadsden Street
Tallahassee FL 32301

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

Katie Callaway
13605 Diamond Head Dr
Tampa FL 33624

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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.

Katie Callaway
Signature of an officer or director

Katie Callaway, Managing 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 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.

Katie Callaway
Signature of Registered Agent

June 5, 2019
Date

If signing on behalf of an entity:

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