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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7700

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: yountw@shands.ufl.edu

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TALLAHASSEE, FL

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REGISTERED AGENT CHANGE
ST. JOHNS CARE CONNECT, INC.

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Corporate Filing Menu

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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: St. Johns Care Connect, Inc.
2. The principal office address: 400 Health Park Blvd., Saint Augustine, FL 32086
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/2017 Document number: N17000007910
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)

Kevin Sweeny100 Whetstone Place Suite 203Saint Augustine, FL 32086

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

Thomas William Young3007 SW Williston Rd, Ste 1120

P.O. Box NOT acceptable

Gainesville, FL 32608

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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.

Carlton DeVoyght
Signature of an officer or director

Carlton DeVoyght
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.

Thomas William Young
Signature of Registered Agent

8/23/2023
Date

If signing on behalf of an entity:

Thomas William Young

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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