

n19000000413

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SPI AGENT SOLUTIONS, INC.
Account Number : I20230000143
Phone : (888)314-3998
Fax Number : (518)514-1286

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE ASSOCIATION OF MEDICAL FACILITY PROFESSIONALS, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSOCIATION OF MEDICAL FACILITY PROFESSIONALS, INC.
Name of Corporation

DOCUMENT NUMBER: N22000008507

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.

Joe DiGaetano

Name of Contact Person

SPI Agent Solutions

Firm/Company

524 S. 2nd Street Suite 505

Address

Springfield IL 62701

City/State and Zip Code

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TALLAHASSEE, FL

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

For further information concerning this matter, please call:

Joe DiGaetano

Name of Contact Person

at (512) 309-1153

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

- The name of the corporation: ASSOCIATION OF MEDICAL FACILITY PROFESSIONALS, INC.
- The principal office address: 50 N LAURA ST #3000 JACKSONVILLE, FL 32202
- The mailing address (if different): _____
- Date of incorporation/qualification: 01-08-2019 Document number: N19000000413
- 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)

UNIVERSAL REGISTERED AGENTS, INC

1317 CALIFORNIA STREET

TALLAHASSEE, FL 32304

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

SPI Agent Solutions, Inc.

1540 Glenway Dr


P.O. Box NOT acceptable

Tallahassee FL 32301

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 DEPARTMENT OF STATE

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

Joshua A. Ehrenfeld, Authorized Signor

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.


 Signature of Registered Agent

3/5/2024

Date

If signing on behalf of an entity

Lindsay Gates President SPI Agent Solutions, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE