

N 34964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

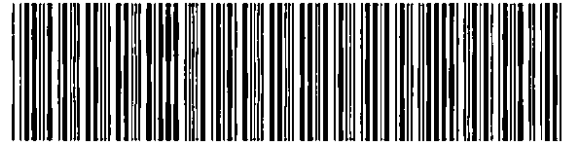
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900439500979

11/18/24--01030--021 **35.00

2024 NOV 18 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BASIC of Northwest Florida, Inc
Name of Corporation

DOCUMENT NUMBER: N34964

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:

Ronnie H. Adams

Name of Contact Person

BASIC of Northwest Florida, Inc

Firm/Company

432 Magnolia Ave

Address

Panama City, Florida 32401

City/State and Zip Code

bod@basienwfl.com

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

For further information concerning this matter, please call:

Ronnie H. Adams

at (850) 896-5371

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

CR2E045 (04/13)

STATE OF FLORIDA
TALLAHASSEE, FL

2024 NOV 18 PM 1:34

FILED

**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: BASIC of Northwest Florida, Inc
2. The principal office address: 432 Magnolia Ave
Panama City, Florida 32401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-1-1989 Document number: N34964
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)

Released

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

Ronnie H. Adams

432 Magnolia Ave

P.O. Box NOT acceptable

Panama City, FL 32401

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.

Ronnie H. Adams
Signature of an officer or director

Ronnie H. Adams

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.*

Ronnie H. Adams
Signature of Registered Agent

November 12, 2024

Date

If signing on behalf of an entity:

Ronnie H. Adams

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 (04/13)

2024 NOV 18 PM 1:34
STATE OF FLORIDA
TALLAHASSEE, FL

FILED