

N93 CC0003341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

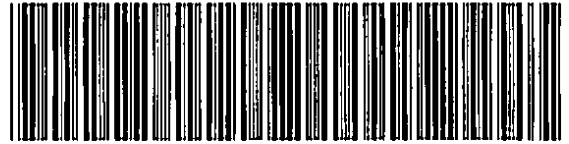
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baker County Medical Services, Inc.
Name of Corporation

DOCUMENT NUMBER: N93000003341

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:

Leon Gross

Name of Contact Person

Baker County Medical Services, Inc.

Firm/Company

159 North 3rd Street

Address

Macedlenny, Florida 32063

City/State and Zip Code

lgross@bcmedsves.com

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

For further information concerning this matter, please call:

Leon Gross

Name of Contact Person

at (904) 653-4606

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.

1. The name of the corporation: Baker County Medical Services, Inc.
2. The principal office address: 159 North 3rd Street
Macleenny, Florida
3. The mailing address (if different): P.O. Box 484 Macleenny, Florida 32063
4. Date of incorporation/qualification: 07/26/1993 Document number: N93000003341
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)

Leon Gross

159 North 3rd Street

Macleenny, Florida 32063

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

Stacey Conner

159 North 3rd Street

P.O. Box NOT acceptable

Macleenny, Florida 32063

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.

Edward Anderson, CEO
Signature of an officer or director

Edward Anderson CEO
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.

Stacey Conner
Signature of Registered Agent

5-4-2020
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
CR2E045 (04/13)