

N95066004909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

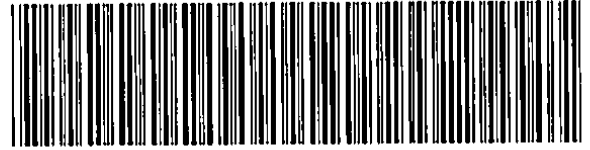
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100409224511

00.00.00 00.00.00 00.00.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Academy For Five Element Acupuncture, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000004909

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:

Rebekah Johnson
Name of Contact Person

Academy For Five Element Acupuncture, Inc
Firm/Company

305 SE 2nd Ave
Address

Gainesville, FL 32601
City/State and Zip Code

E-mail address: rebekah.johnson@acupuncturist.edu
(to be used for future annual report notification)

For further information concerning this matter, please call:

Rebekah Johnson at (352) 335 2332 ext. 04
Name of Contact Person Area Code & Daytime Telephone

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
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute
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: Academy For Five Element Acupuncture, Inc.
2. The principal office address: 305 SE 2nd Avenue Gainesville, FL 32601

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/16/1995 Document number: N95000004909
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)

Odalis Cruz, resigned
Mary Robinson, resigned
Leslie Suskin, resigned

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

Rebekah Johnson
1808 SW 75 Terrace
P.O. Box NOT acceptable
Gainesville, FL 32607

The street address of its registered office and the street address of the business office of its regi:
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an office
authorized by the board, or the corporation has been notified in writing of the change.

Misti Oxford-Pickeral
Signature of an officer or director

Misti Oxford-Pickeral, member-at-large
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
of my duties, and I am familiar with and accept the obligation of my position as registered agent.
document is being filed merely to reflect a change in the registered office address, I hereby con
corporation has been notified in writing of this change.

Rebekah Johnson
Signature of Registered Agent

May 19, 2023
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)