

N96000003264

(Requestor's Name)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Partnership for a Healthy Community, Inc.
Name of Corporation

DOCUMENT NUMBER: N96000003264

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:

Nora J. Bailey

Name of Contact Person

Partnership for a Healthy Community, Inc.

Firm/Company

4771 Bayou Blvd. Suite 3 PMB #197

Address

Pensacola, FL 32503-2607

City/State and Zip Code

nbailey@smiconsultants.com

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

For further information concerning this matter, please call:

Nora J. Bailey

Name of Contact Person

at **(850) 291-6410**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

NORA J. BAILEY
PARTNERSHIP FOR A HEALTHY COMMUNITY, INC
4771 BAYOU BLVD - STE. 3 PMB #197
PENSACOLA, FL 32503-2607

SUBJECT: PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.
Ref. Number: N96000003264

We have received your document for PARTNERSHIP FOR A HEALTHY COMMUNITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Typed or printed singatures are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00025375

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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: Partnership for a Healthy Community, Inc.
2. The principal office address: 5375 N. 9th Avenue C/O Trinity Building
Pensacola, FL 32504
3. The mailing address (if different): 4771 Bayou Blvd. Suite 3 PMB #197
Pensacola, FL 32503-2607
4. Date of incorporation/qualification: 06/17/1996 Document number: N96000003264
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)

Barton, Denise

5151 North 9th Avenue C/O Trinity Building

Pensacola, FL 32504

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

Nora J. Bailey

5375 N. 9th Avenue C/O Trinity Building

P.O. Box NOT acceptable

Pensacola, FL 32504

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.

Nora J. Bailey

Signature of an officer or director

Nora Bailey, Executive Director

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.

Nora J. Bailey

Signature of Registered Agent

November 24, 2015

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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