N9U0000324

(Req	uestor's Name)	, , , , , , , , , , , , , , , , , , ,
(Add	ress)	- 1
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800279518568

12/01/15--01008--009 **35.00

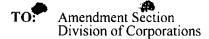
WISDEC 21 PM 3: 23
SECRETARY OF STATE
TALLATIASSEE, FLORIDA

RAROCH8

DEC 21 2015

I ALBRITTON

COVER LETTER



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 Perso

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



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

RECEIVED
15 DEC 21 AHIO: 50

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Partnership for a Healthy Community, Inc.	
	office address: 5375 N. 9th Avenue C/O Trinity Building a, FL 32504	
	ola, FL 32503-2607	
4. Date of incorp	poration/qualification: 06/17/1996 Document number: N9600003264	
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Barton, Denise	
	5151 North 9th Avenue C/O Trinity Building	
	Pensacola, FL 32504	
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 addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
	Nora Bailey, Executive Director Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	a J. Bailey / Ora fau le November 24, 2015	
Sign If signing on bel	nature of Registered Agent Date	
Ту	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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