

N99000000365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SHANDS AUXILIARY, INC.

Name of Corporation

DOCUMENT NUMBER: N99000000365

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:

BERNABE ICAZA

Name of Contact Person

UF HEALTH SHANDS LEGAL SERVICES

Firm/Company

P. O. BOX 100303

Address

GAINESVILLE, FL 32610

City/State and Zip Code

icazab@shands.ufl.edu

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

For further information concerning this matter, please call:

BERNABE ICAZA

Name of Contact Person

at ( 352 ) 627-9045

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

**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: SHANDS AUXILIARY, INC.
2. The principal office address: 3007 S.W. WILLISTON ROAD, SUITE 1A  
GAINESVILLE, FL 32608
3. The mailing address (if different): P. O. BOX 100303  
GAINESVILLE, FL 32610
4. Date of incorporation/qualification: December 10, 1998 Document number: N99000000365
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)

JAMES M. ROBERTS

3007 SW WILLISTON ROAD, SUITE 1A

GAINESVILLE, FL 32608

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

BERNABE ICAZA

3007 SW WILLISTON ROAD, SUITE 1A

P.O. Box NOT acceptable

GAINESVILLE, FL 32608

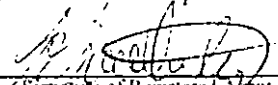
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 this change.

X   
Signature of an officer or director

EDWARD JIMENEZ, Chief Executive Officer  
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.*

  
Signature of Registered Agent

10/15/18  
Date

If signing on behalf of an entity:

BERNABE ICAZA

Typed or Printed Name

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

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