

P000000075455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

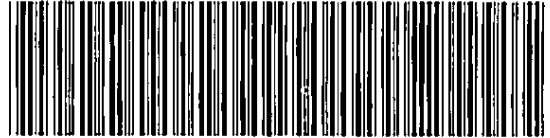
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HALL COUNTY, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nassberg Diabetes Associates Inc.
Name of Corporation

DOCUMENT NUMBER: P00000075455

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:

Beth Camhi-Greenberg

Name of Contact Person

Nassberg Diabetes Associates Inc.

Firm/Company

5333 N. Dixie Hwy Suite 205

Address

Oakland Park, FL 33334

City/State and Zip Code

Bcamhlgreenberg27@gmail.com

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

For further information concerning this matter, please call:

Beth Camhi-Greenberg

Name of Contact Person

at (954) 491-1000

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: Nassberg Diabetes Associates Inc.
2. The principal office address: 5333 N. Dixie Hwy, Suite 205, Oakland Park FL 33334
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/16/2018 Document number: P00000075455
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)

Nassberg Diabetes Associates Inc.

1930 NE 47th St, Suite 309

Ft Lauderdale FL, 33308

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

Nassberg Diabetes Associates Inc.

5333 N. Dixie Hwy Suite 205

P.O. Box NOT acceptable

Oakland Park FL, 33334

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.

Beth Camhi-Greenberg
Signature of an officer or director

Beth Camhi-Greenberg Owner/President
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.

Beth Camhi-Greenberg
Signature of Registered Agent

12/12/2023

Date

If signing on behalf of an entity:

Beth Camhi-Greenberg

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)

FILED
23 DEC 18 AM 11:07
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS