

PO3000005408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 28 P 3 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2017

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FH Collins III DDS PA
Name of Corporation

DOCUMENT NUMBER: PO3000005408

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:

Catherine Swetland
Name of Contact Person

Collins Dental
Firm/Company

5744 Canton Cove
Address

Winter Springs, FL 32708
City/State and Zip Code

catherine@collinsdentalcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Swetland at (407) 543-8986
Name of Contact Person 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

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: FH Collins III DDS PA
2. The principal office address: 5744 Canton Cove Winter Springs, FL 32708
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/15/2003 Document number: PO3000005408

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)

FH Collins III

5739 Canton Cove

Winter Springs, FL 32708

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

FH Collins III

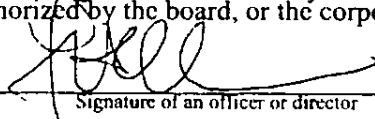
5744 Canton Cove

P.O. Box NOT acceptable

Winter Springs, FL 32708

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

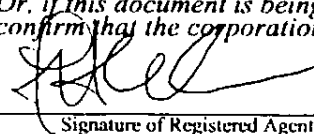
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

FH Collins III, Owner

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

8.21.2017

Date

If signing on behalf of an entity:

FH COLLINS III DDS PA

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

FILED
AUG 28 P 3 15
TALLAHASSEE, FLORIDA