

P04000148059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

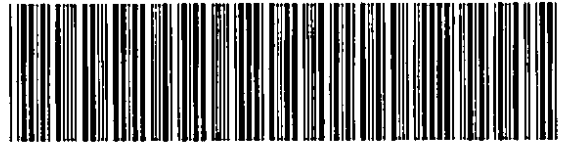
(Business Entity Name)

(Document Number)

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2022 MAR 17 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/29/2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Olufisayo Arubuola MD PA  
Name of Corporation

**DOCUMENT NUMBER:** P04000148059

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:

Dr. Olufisayo Arubuola

Name of Contact Person

Olufisayo Arubuola MD PA

Firm/Company

6817 Southpoint Parkway, Suite 1704

Address

Jacksonville, FL 32216

City/State and Zip Code

keith@jaxflacpa.com

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

For further information concerning this matter, please call:

Dr. Olufisayo Arubuola

Name of Contact Person

at (904) 881-1242

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: Olufisayo Arubuola MD PA
2. The principal office address: 6817 Southpoint Parkway, Suite 1704  
Jacksonville, FL 32216
3. The mailing address (if different): PO Box 16574, Jacksonville, FL 32245
4. Date of incorporation/qualification: 10/27/2004 Document number: P04000148059
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)

Hale Hedley

6817 Southpoint Parkway, Suite 1704

Jacksonville, FL 32216

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

Keith E. Johnson CPA

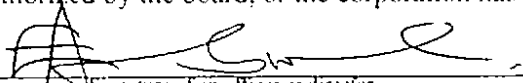
2528 Wedgefield Blvd.

P.O. Box NOT acceptable

Jacksonville, FL 32211

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

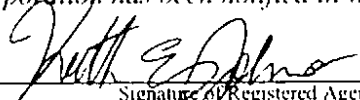
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Dr. Olufisayo Arubuola

\_\_\_\_\_  
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

3/12/22

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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