P06000087864

(Re	equestor's Name)	
(Ac	ldress)	·
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nar	ne)
, (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
s: ♥.	Office Use On	; _v



300266649353

11/24/14--01023--001 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

17. NOV 21. PM 2: 31

12314

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: STACY E. SEIKEL, M.D., P.A.

Name of Corporation

DOCUMENT NUMBER: P06000087864

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:

Lawrence G. Walters, PA

Name of Contact Person

Walters Law Group

Firm/Company

195 W. Pine Ave.

Address

Longwood, FL 32750

City/State and Zip Code

seseikel2@earthlink.net

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

For further information concerning this matter, please call:

Lawrence G. Walters

.407 🔇

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

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid nange is submitted for a corporation organized under the laws of the State of	•	this	_
in orde	ler to change its registered office or registered agent, or both, in the State o	f Florida.		
1. The name of	the corporation: STACY E. SEIKEL, M.D., P.A.			
2. The principa	al office address: 100 E. Sybelia Avenue 250, Maitland, FL 32	751		
3. The mailing	address (if different):	 		
4. Date of incom	proporation/qualification: 06/29/2006 Document number: P060	000878	64	
	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the		,
	Stacy E. Seikel MD			
	100 E. Sybelia Avenue 250	_		ت
	Maitland, FL 32751		14 NOV 24	SECK
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) agent (if changed) and /or registered agent (if changed) are registered agent	office		FILEU ETARY O FOR COR
Lawrence G. Walters, Esquire		_	PH 2:	F STA
195 W. Pine Ave.			ω	TIOHS
	P.O. Box NOT acceptable	_		(7)
	Longwood, FL 32750	_		
The street addr as changed wil	ress of its registered office and the street address of the business office of ll be identical.	its registe	red age	ent,
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by a the board, or the corporation has been notified in writing of the change.	n officer s	0	
Pacy Signati	Stacy E. Seikel, Directo Printed or typed name and	title		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and confirm from the proper and confirm duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change.	omplete on as regis ice addres	stered ss, I	
	gpardire of Registered Agent Date			
	,			_
If signing on bo	chalf of an entity:			
	Typed or Printed Name			
•	- NE			

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

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

14 NOV 24 PH 2: 31

RESOLUTION TO CHANGE REGISTERED AGENT BY THE BOARD OF DIRECTORS OF STACY E. SEIKEL, M.D., P.A.

The undersigned, being the sole Director of Stacy E. Seikel, M.D., P.A., organized under the laws of the State of Florida, passes the following Resolution:

RESOLVED, that the name and address of the corporation's Registered Agent is changed from: Stacy E. Seikel, MD, 100 E. Sybelia Avenue 250, Maitland, FL 32751, to the following: Lawrence G. Walters, Esquire, 195 W. Pine Ave., Longwood, FL 32750.

I certify under penalties of perjury that the foregoing is true.

Stacy E. Seivel Director

Date

I hereby consent to my designation in this document as Registered Agent for this corporation.

Lawrence G. Walters, Esq., Registered Agent