

PD7000016176

(Requestor's Name)

Dr Sami Martin
15661 Bent Creek Rd
Wellington, FL 33414-6316

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

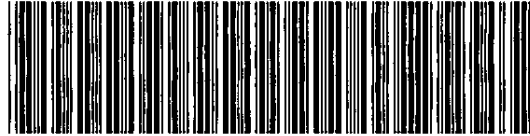
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2016 JUN 23 AM 10:44

JUN 28 2016

C LEWIS

**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: EQUINE OPHTHALMOLOGY, P.A.
2. The principal office address: 15661 BENT CREEK RD
WELLINGTON, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/2007 Document number: P07000016176

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)

TIMOTHY J CUTLER

15661 BENT CREEK RD

WELLINGTON, FL 33414

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

SAMANTHA MARTIN

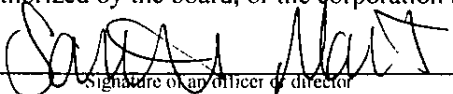
15661 BENT CREEK RD

P.O. Box NOT acceptable

WELLINGTON, FL 33414

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

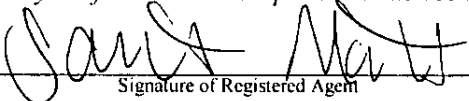
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SAMANTHA MARTIN, 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.


Signature of Registered Agent

5/19/16
Date

If signing on behalf of an entity:

SAMANTHA MARTIN

Typed or Printed Name

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

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