

P07 000107952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400240479424

10/08/12--01016--020 \*\*35.00

FILED  
12 OCT -8 AM 10:53  
SEALING UNIT  
TALLAHASSEE, FLORIDA

*Handwritten signature*

OCT -9 2012  
C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palm III Referral Network, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000107952

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:

Barbara C McDuffie

Name of Contact Person

Palm III Referral Network, Inc

Firm/Company

474303 E State Road 200, Suite 2

Address

Fernandina Beach, FL 32034

City/State and Zip Code

carlenemcduffie@gmail.com

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

For further information concerning this matter, please call:

Barbara C McDuffie

Name of Contact Person

at ( 904 ) 321-4001

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**

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: Palm III Referral Network, Inc.
2. The principal office address: 474303 E State Road 200, Suite 2  
Fernandina Beach, FL 32034
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/28/07 Document number: P07000107952

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)

Marlene N Frost  
19 N Wolff Street  
Fernandina Beach, FL 32034

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

Barbara C McDuffie  
474303 E State Road 200, Suite 2  
P.O. Box NOT acceptable  
Fernandina Beach, FL 32034

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.

Barbara C. McDuffie Barbara C McDuffie, President  
Signature of an officer or director 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.*

Barbara C. McDuffie September 26, 2012  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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