

P07672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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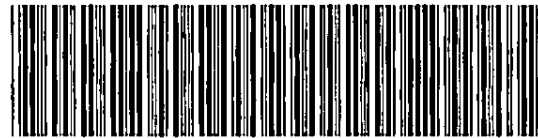
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/12/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NEWBANKS, INC./ORLANDO  
Name of Corporation

DOCUMENT NUMBER: P07672

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:

CLAYTON D. SIMMONS, ESQUIRE  
Name of Contact Person  
CLAYTON D. SIMMONS PA  
Firm/Company  
1220 COMMERCE PARK DR., STE 207  
Address  
LONGWOOD, FL 32779  
City/State and Zip Code  
CLAY@SIMMONS-LAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAYTON D. SIMMONS, ESQUIRE  
Name of Contact Person at (407) 878-4590  
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 GEORGIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEWBANKS, INC./ORLANDO
2. The principal office address: 601 N. MAGNOLIA AVE., STE 120  
ORLANDO, FL 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/08/1985 Document number: P07672
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)

RESIGNED

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

CLAYTON D. SIMMONS, ESQUIRE

1220 COMMERCE PARK DR., STE. 207

P.O. Box NOT acceptable

LONGWOOD, FL 32779

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

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

8/21/2020  
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

2020 AUG 27 AM 10:29

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