

P080000 45086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATRICIA WOOD P.A.
Name of Corporation

DOCUMENT NUMBER: PD 80000 45086

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:

PATRICIA WOOD
Name of Contact Person

PATRICIA WOOD P.A.
Firm/Company

115 E Pine Hollow Trail, Unit 101
Address

St. Augustine, Florida 32086
City/State and Zip Code

Pwood30@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA WOOD at (614) 286-3640
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**

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: PATRICIA WOOD PA
2. The principal office address: 115 E Pine Hollow Trail, Unit 101
St. Augustine, FL 32086
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 05-25-2008 Document number: P08000045086
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)

CHRISTOPHER SPRINGHORN CAA PA
601 Ponce De Leon Blvd S., Suite C
St. Augustine, FL 32084 US

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

CALHOUN + AtWOOD, LLC
2730 US1 S, Suite E
St. Augustine, FL 32086-6334

P.O. Box NOT acceptable

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.

Patricia Wood Pres.
Signature of an officer or director

PATRICIA WOOD, 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.

Joe S. Atwood
Signature of Registered Agent

2/28/11
Date

If signing on behalf of an entity:

Jill S. Atwood
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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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