P0300010929

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COVER LETTER

TO: Amendment Section Division of Corporations

SURJECT: Dr. Robert R. Thousand III PA

Name of Corporation

P08000109929

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:

Carol Stone Staples

Name of Contact Person

Dr. Robert R. Thousand III PA

Firm/Company

15 St. Johns Medical Park Drive

Address

St. Augustine, Florida 32086

City/State and Zip Code

dr1000endomanager@gmail.com

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

For further information concerning this matter, please call:

Carol Stone Staples

,904 ,7

797-9044

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, 617.050 statement of change is submitted for a corporation organization.		
in order to change its registered office or regis	· ·	
1. The name of the corporation: Dr. Robert R. Th	nousand III PA	
2. The principal office address: 15 St. Johns Medical Park Drive		
St. Augustine, Florida 32086		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/19/2008 Document number: P08000109929		
The name and street address of the current registered a Florida Department of State: (If resigned, enter resign		
Robert R. Thousand III		
10 St. Johns Medical Park I	Drive; Suite C	
St. Augustine, Florida 3208	36	
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): Robert R. Thousand III		
15 St. Johns Medical Park Drive		
P.O. Box NOT acceptable St. Augustine, Florida 32086		
St. Augustine, Florida 3208		
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,	
Such Change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	
Signature of an officer or director	Robert R. Thousand III DDS Printed or typed name and title	
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refi hereby confirm that the corporation has been notified i	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I	
	06/01/2018	
· Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Robert R. Thousand III DDS Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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