

P09000068268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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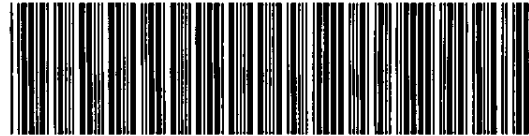
(Business Entity Name)

(Document Number)

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PA Change

12-30-13

DC

SECRETARY OF STATE
MAIL ASSISTANT

13 DEC 16 PM 4:10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beth E. Paternoster, O.D., Inc.
Name of Corporation

P09000068268
DOCUMENT NUMBER:

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:

Beth Norris
Name of Contact Person
Beth E. Paternoster, O.D., Inc.
Firm/Company
4924 Emilee Grace Lane
Address
Saint Cloud, Florida 34771
City/State and Zip Code
bpaternoster5@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Norris 386 690-2734
Name of Contact Person at () 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: Beth E. Paternoster, O.D., Inc.
2. The principal office address: 4924 Emilee Grace Lane, Saint Cloud, Florida 34771

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 08/12/2009 Document number: P09000068268

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)

Beth E. Norris
14046 Yellow Wood Circle
Orlando, Florida 32828

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

Beth E. Norris
4924 Emilee Grace Lane
Saint Cloud, Florida 34771

P.O. Box NOT acceptable

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Beth Norris

Signature of an officer or director

Beth E. Norris, 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.

Beth Norris

Signature of Registered Agent

12/11/13

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 (03/12)