P12000081363

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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GERARD NICHOLSON PA

Name of Corporation

DOCUMENT NUMBER, P12000081363

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:

GERARD NICHOLSON

Name of Contact Person

GERARD NICHOLSON PA

Firm/Company

661 WAKEVIEW DRIVE

Address

ORANGE PARK, FL 32065

City/State and Zip Code

904AGENT@GMAIL.COM

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

For further information concerning this matter, please call:

GERARD NICHOLSON

, 904

229-7844

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of <u>FLO</u> ar to change its registered office or registered agent, or both, in the State of Flor	RIDA	_	
1. The name of	the corporation: GERARD NICHOLSON, PA			
2. The principal	office address: 661 WAKEVIEW DRIVE PARK FL 32065			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/25/2012 Document number: P120000	81363		
	d street address of the current registered agent and registered office on file with trtment of State: (If resigned, enter resigned)	he		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301	<u></u>	SIVIC	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	3 JUL 31	CRETAR	
	GERARD NICHOLSON	PH	OR OF	
	661 WAKEVIEW DRIVE	1 3: 04	ORA ATS	
	P.O. Box NOT acceptable ORANGE PARK FL 32065	40	10.4.	
The street addr	ess of its registered office and the street address of the business office of its reliberational.	gistered ag	ent,	
Such change w authorized by 1	as authorized by resolution duly adopted by its board of directors or by an offi he bard, or the corporation has been notified in writing of the change.	cer so		
Signati	GERARD NICHOLSON Printed or typed name and title		_	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple f my duties, and f am familiar with and accept the obligation of my position as his document is being filed merely to reflect a change in the registered office as that the corporation has been notified in writing of this change.	te registered ddress, I		
Sig	gnature (Registered Agent Date		_	
If signing on be	ehalf of an entity:			
GERARD I	NICHOLSON PA			

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

Typed or Printed Name