

P12000082283

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

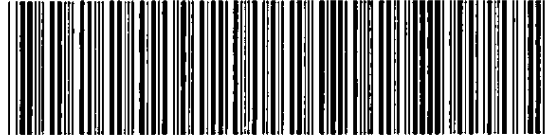
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Melissa M. Hill, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P12000082283

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.

Dr. Melissa M. Hill

Name of Contact Person

Melissa M. Hill, M.D., P.A.

Firm Company

13520 Princess Kelly Dr

Address

Jacksonville, FL 32225

City/State and Zip Code

melissakmhill@gmail.com

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

For further information concerning this matter, please call:

Dr. Melissa M. Hill

Name of Contact Person

904

Area Code

904-2310

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 Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Melissa M. Hill, M.D., P.A.
2. The principal office address: 1350 Princess Kelly Dr, Jacksonville, FL 32226
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/2012 Document number: PR2000082283
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)

Smith Hulsey & Busey, Professional Association

One Independence Drive, Suite 3300

Jacksonville, FL 32202

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

Melissa M. Hill

1350 Princess Kelly Drive

P.O. Box NOT acceptable

Jacksonville, FL 32225

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.

M. Hill

Dr. Melissa M. Hill, President

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.

M. Hill

1/24/2024

If signing on behalf of an entity:

\_\_\_\_\_  
Title of Person Signing

\*\*\* 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)