

P12000089130

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16 JAN 27 PM 9:05

JAN 28 2016

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARTHETIS CENTER OF ORLANDO  
Name of Corporation

DOCUMENT NUMBER: P12000089130

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:

NIMETH A DAYAL

Name of Contact Person

ARTHETIS CENTER OF ORLANDO

Firm/Company

P. O. Box 645

Address

GROTHA, FL 34734

City/State and Zip Code

nimdaya1@gmail.com

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

For further information concerning this matter, please call:

NIMETH A DAYAL

Name of Contact Person

at ( 731 ) 695 0834

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

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DIVISION OF CORPORATIONS  
16 JAN 27 11:19 AM

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

1. The name of the corporation: ARTISTS CENTER OF ORLANDO, PA.
2. The principal office address: 10000 W COLONIAL DR.  
SUITE 488, OCLOEE FL 34761
3. The mailing address (if different): P. O. Box 645  
GOTHIA FL 34734
4. Date of incorporation/qualification: 10.23.2012 Document number: P12000089130.
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)

NIMESH DNYAL

10000 W COLONIAL DR, SUITE 488

OCLOEE FL 34761

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16 JAN 27 AM 9:27

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

9507 LAKE INMAN DR

GOTHIA FL

34734

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.

Nimesh Dnyal  
Signature of an officer or director

NIMESH A DNYAL  
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.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
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  
CORPORATE (02/12)