

# P13000046423

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. LEWIS  
JUL 10 2013  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Renee Clark OD PA  
Name of Corporation

**DOCUMENT NUMBER:** P13000046423

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:

Renee Clark  
Name of Contact Person

Renee Clark OD PA  
Firm/Company

4812 SR-7 #306  
Address

Coconut Creek FL 33073  
City/State and Zip Code

reneecar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Clark at ( 248 ) 736-7626.  
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, 617.0502, 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: Renee Clark OD PA
2. The principal office address: 4812 N SR-7 #306 Coconut Creek FL 33073
3. The mailing address (if different): "same as above"
4. Date of incorporation/qualification: 5/28/2013 Document number: P13000046423
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)

Renee Clark  
6484 Indian Creek dr #224  
Miami Beach FL, 33141

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

Renee Clark  
4812 N SR-7 #306  
P.O. Box NOT acceptable  
Coconut Creek FL, 33073

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TALLAHASSEE, FL 32314

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.

[Signature]  
Signature of an officer or director

Renee Clark  
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]  
Signature of Registered Agent

7/27/2013  
Date

If signing on behalf of an entity:

Renee Clark  
Typed or Printed Name

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