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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: Lisa Davidson AP Name of Corporation
SUBJECT: LIS & Davids of Manne of Corporation
DOCUMENT NUMBER: P1400051333
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:
Lisa Davidson. Name of Contact Person
Lisa Davids n PA - Firm/Company
7050 W. PAlmetto Ac Rd Su, te15-547
BOCA RATION FC 33433 City/State and Zip Code
Scha 7-7-7 Pegna 1/con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Davidson at (407) 408 . 53/2. Name of Contact Person Area Code & Daytime Telephone Number
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



LISA DAVIDSON LISA DAVIDSON, PA 7050 WEST PALMETTO PARK ROAD, STE 15-547 BOCA RATON, FL 33433 US

SUBJECT: LISA A. DAVIDSON, PA

Ref. Number: P14000051333

We have received your document for LISA A. DAVIDSON, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

An officer/director must authorize the change(s) by signing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

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FEB

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Letter Number: 715A00002079

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Lisa A. Davidson DO
2. The principal office address: 7050 W. Palmeto ACRO SUITE 15-54 BOCA ROTON FC 37473
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/12/14 Document number: P.140005/333
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)
coep Corporation Service Company local 1201 Hayst. TAllahase, Fl
27/1 Center ule KOAD 32301.
Wilmington, DE 19808
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Lisa parids of the new registered agent (if changed) and /or registered office Lisa parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered office Post parids of the new registered agent (if changed) and /or registered
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 July 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 tran officer or director Signature tran officer or director Signature tran officer or director 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 Registred Agent Date
If signing on behalf of an entity: Lisa Davids Ja A Typed or Printed Name

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