## P16000 39676

(Re	questor's Name)	
- AdA)	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: SC & MC OF Jacksonville, Fuc.		
DOCUMENT NUMBER: P16000 39676		
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:		
Steven Cohen Name of Contact Person		
SCO MC of Jacksonville, Five.		
1125 Wilcox Street		
Jacksonville Fla. 32208 City/State and Zip Gode		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Steven Cohen at (904) 303-9068  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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SC & MC OF Jacksonville, INC.
2. The principal office address: 1125 WICOX Street
Jacksonville, Flg. 32209
3. The mailing address (if different): 9458 Carbondale DR. EAST
4. Date of incorporation/qualification: 3016 Document number: P16000 396
4. Date of incorporation/qualification: 2016 Document number: P16 000 396
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)
La'Keisha Luster
9458 Carbondale Dr. FAST =
Jacksonville, Flg. 32208 & T
Siz N
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Steven Conen 5
945% Calbondale De. EAST P.O. Box NOT acceptable
Jacksonville, Fla. 32209
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 of an officer or director  Signature of an officer or director  Signature of an 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 Registered Agent  Date  Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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