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SECRETARY OF STALL

JUN - 8 2016

C LEWIS

COVER LETTER

TO: A

Amendment Section Division of Corporations

_{subject:}Staci Kelly Chisholm, P.A.

Name of Corporation

DOCUMENT NUMBER

P16000046468

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:

Staci Kelly Chisholm

Name of Contact Person

Staci Kelly Chisholm, P.A.

Firm/Company

2160 Duck Slough Blvd., Ste 102

Address

Trinity, FL 34655

City/State and Zip Code

staci@trinityfamilylawfirm.com

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

For further information concerning this matter, please call:

Staci Kelly Chisholm

, 352

219-4659

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

		•	302, 607.1308, or 617.1308, Florida Statute anized under the laws of the State of <u>F[2</u>	
in orde	er to change its <u>re</u>	gistered office or regi	istered agent, or both, in the State of Florida	7.
1. The name of	the corporation:	Staci Kelly Cl	nisholm, P.A.	
2. The principal	office address:	2160 Duck S	lough Blvd, Suite 102	
		Trinity, FL 34		
3. The mailing a	address (if differer	nt): 3152 Little R	load, PMB #151 Trinity, FL 346	555
4. Date of incor	poration/qualifica	o5/31/2016	Document number 2160000464	468
5. The name and	d street address of		d agent and registered office on file with the	
	Staci Kelly	Chisholm, Esq.	·	
	19522 Shac	dy Hammock L	ane	2016 .
	Odessa, FL	. 33556		JEN -
6. The name and (if changed):	d street address of	the new registered ag	gent (if changed) and /or registered office	2016 JUN -6 PM 1:28
	2160 Duck	Slough Blvd, S	uite 102	
		P.O. Box N	OT acceptable	
	Trinity, FL 3	34655		
The street addr	ess of its registere	ed office and the stre	et address of the business office of its regis	stered agent,
	L - L	andanasian bai baasi .	ted by its board of directors or by an officen notified in writing of the change.	r so
La	J. Jiy		Staci Kelly Chisholm, PDTS	<u>} </u>
/	t the appointment to comply with the my duties, and I is document is be that the corpora		Printed or typed name and title and agree to act in this capacity. atutes relative to the proper and complete d accept the obligation of my position as re eflect a change in the registered office addi d in writing of this change.	gistered ress, I
	A Dile		05/31/2016	
	grature of Registered Ag	gent	Date	
If signing on bo	ehalf of an entity:			
\subseteq	Typed or Drinted New -			
	Typed or Printed Name			

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