

11/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
WOLFORD FAMILY PRACTICE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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NOV 20 2020

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: WOLFORD FAMILY PRACTICE, INC.
2. The principal office address: 315 Gabrielle Lane, Panama City, FL 32404
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/16/2016 Document number: P16000076264
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)

Pyne Law Group, P.A.

2309 FRANKFORD AVENUE, Suite A

PANAMA CITY, FL 32405

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

SHARON WOLFORD
Signature of an officer or director

SHARON WOLFORD

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.

Bill Havre

Signature of Registered Agent

11/20/2020

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

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2020 NOV 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA