

P 17 0000 24649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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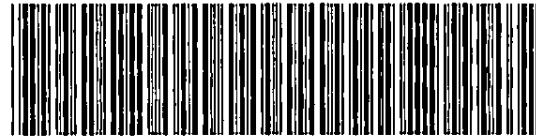
(Business Entity Name)

(Document Number)

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APR 04 2019  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moyer Anesthesia Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P17000024649

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:

Jody Radcliff CPA

Name of Contact Person

Jody D. Radcliff CPA LLC

Firm/Company

870 Dunlawton Ave #309

Address

Port Orange, FL 32127

City/State and Zip Code

admin@jodyradcliffcpa.com

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

For further information concerning this matter, please call:

Jody Radcliff CPA

Name of Contact Person

at ( 386 ) 788-8680

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: Moyer Anesthesia Services, Inc.
2. The principal office address: 810 Indigo Court, Port Orange, FL 32129
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/15/2017 Document number: P17000024649

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)

United States Corporation Agents, Inc.

13302 Winding Oak Court A

Tampa, FL 33612

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

Jody D. Radcliff CPA LLC

870 Dunlawton Ave #309

P.O. Box NOT acceptable

Port Orange, FL 32127

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.

*Zell Moyer*  
Signature of an officer or director

Zell Moyer, President  
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.*

*J. Radcliff* CPA  
Signature of Registered Agent

03/21/2019  
Date

If signing on behalf of an entity:

Jody Radcliff CPA  
Typed or Printed Name

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