Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010 Fax Number : (407)425-2747

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

REGISTERED AGENT CHANGE LLOYD B. BEARDEN, DVM, P.A.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|---|---|----------------------------------|--|--|
| | ICT: Lloyd B. Bearden, DVM, P.A. of Corporation | | ···· | |
| DOCU | MENT NUMBER: P17000044130 | | | |
| The end | closed Statement of Change of Registered | d Office/Agent and fee | are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Edgar J. | . Hedrick III | | | |
| Name o | of Contact Person | ************************ | | |
| Zimmer | rman, Kiser & Sutcliffe, P.A. | | | |
| | ompany | | | |
| 315 E. F | Robinson Street, Suite 600 | | | |
| Address | \$ | | | |
| Orlando | o, FL 32801 | | | |
| City/Su | ate and Zip Code | | | |
| | registeredagent@zksraservic | cea.com | | |
| E-mail | address: (to be used for future annual | | | |
| For furt | ther information concerning this matter, p | oleaso call: | | |
| Jessica S | Snyder, Corporate Paralegal | at (⁴⁰⁷ | 425-7010 e & Daytime Telephone Number | |
| | Name of Contact Person | Area Cod | e & Daytime Telephone Number | |
| Enclose | ed is a \$35.00 check made payable to the | Department of State. | | |
| | Mailing Address: Amendment Section Division of Corporations | Amendment Se | Street Address: Amendment Section Division of Corporations | |
| | P.O. Box 6327 The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

CR2E045 (04/13)

Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | unge is submitted for a corporation o | 1.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida |
|---------------------------------------|--|--|
| in orde | er to change its registered office or re | egistered agent, or both, in the State of Florida. |
| | the corporation: Lloyd B. Bearden, D | |
| 2. The principal | office address; 1424 W. Orange Blos | som Trail, Apopka, FL 32712 |
| 3. The mailing a | address (if different): 1350 Lexington | ı Parkway, Apopka, FL 32712 |
| | | Document number: P17000044130 |
| | d street address of the current register runent of State: (If resigned, enter res | red agent and registered office on file with the signed) |
| | Lloyd B. Bearden | -0.2 |
| | 1350 Lexington Parkway | |
| | Apopka, FL 32712 | |
| 6. The name πασ (if changed): | d street address of the new registered | agent (if changed) and /or registered office |
| | ZKS Registered Agent Services, LLC | 2 |
| | 315 E. Robinson Street, Suite 600 | |
| | | O. Box NOT acceptable |
| | Orlando, FL 32801 | |
| The street address changed will | ess of its registered office and the st be identical. | reet address of the business office of its registered agent, |
| Such change wanthorized by the | as authorized by resolution duly add ne hoard, or the corporation has bee | opted by its board of directors or by an officer so in notified in writing of the change. |
| The | Let a officer or direction | Lloyd B. Bearden, President Printed or types name and une |
| | | at and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the age. |
| ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | pature of Registered Agent | <u> </u> |
| | chalf of an entity: | |
| Edgar J. Hedric | k III | |
| T | yped or Printed Name | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)