

P17000081491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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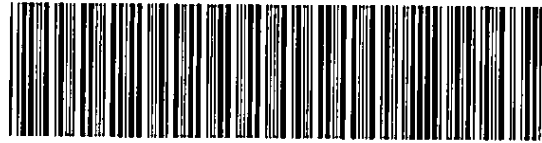
(Business Entity Name)

(Document Number)

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2020 AUG 24 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Joseph C. Chidlaw DDS MS of Baymeadows PA
2. The principal office address: 9471 Baymeadows Rd #101  
Jax, FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/29/17 Document number: PIA 000081499
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) P17000081499

Holbrook Cold, Kathleen

One Independent Drive, Suite 2301

Jacksonville, Florida 32202

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

Kathleen H. Cold

10151 Deerwood Park Blvd Building 300 Suite 300

P.O. Box NOT acceptable

Jacksonville, Florida 32256

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]  
Signature of an officer or director

Joseph C. Chidlaw DDS MS  
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.

Kathleen H. Cold  
Signature of Registered Agent

7/7/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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

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