

P170000 8149.2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

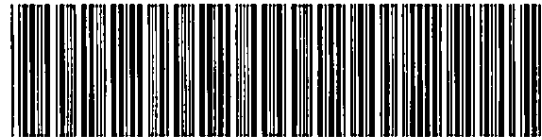
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900350365419

RECEIVED
AUG 24 2020

08/25/20--01015--014 **70.00

FILED
2020 AUG 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL

JR 10/08/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ponte Vedra Medical Dentistry P.A.
Name of Corporation

DOCUMENT NUMBER: P17000081492

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:

Joseph C. Chiefair
Name of Contact Person

9471 Bay Meadows Rd #101
Firm/Company
Address

JACKSONVILLE, FL 32256
City, State and Zip Code

JACKSONVILLE DENTIST1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph C. Chiefair at (904) 739-3939
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Ponte Vedra Medical Dentistry, PA.
- 2. The principal office address: 330 A1A North Suite 326
Ponte Vedra Beach, FL 32082
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 9/29/17 Document number: PI17000881492
- 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)

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
Jacksonville, Florida 32256
P.O. Box NOT acceptable

2020 AUG 24 AM 11:09
 SECRETARY OF STATE
 TALLAHASSEE, FL
FILED

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. Chupair PAES 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
 CR2E045 (04 13)