

P170000 8149.2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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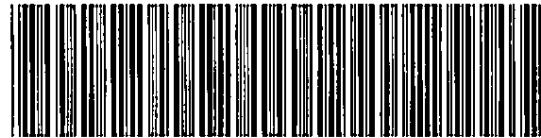
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JR 10/28/20

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P170000081492

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

Firm/Company

9471 Bay Meadows RD #101
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
Name of Contact Person

at (904) 739-3939
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, P.A.
2. The principal office address: 330 AIA North Suite 326
Ponte Vedra Beach, FL 32082
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/29/17 Document number: P17 000081492
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

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. Chupair PRES
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)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 24 AM 11:09

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