

P18000030257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

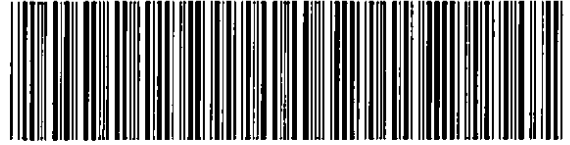
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCOTT HEALTHCARE CONSULTING, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P18000030257

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:

SHENA J. SCOTT

Name of Contact Person

SCOTT HEALTHCARE CONSULTING, INC.

Firm/Company

8152 OLD TRAMWAY DRIVE

Address

MELBOURNE, FL 32940

City/State and Zip Code

scotthealthcareconsulting@gmail.com

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

For further information concerning this matter, please call:

SHENA J. SCOTT

Name of Contact Person

at (321) 255-0600

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

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.

- MARK J. BOYD  
360 NORTH BABCOCK STR., STE. 104  
MELBOURNE, FL 32935

JOEL E. BOYD

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360 NORTH BABCOCK STR., STE. 104

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P.O. Box NOT acceptable

MELBOURNE, FL 32935

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.

SHENA J. SCOTT, President

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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.*

11/5/23  
Date

Typed or Printed Name \_\_\_\_\_

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