

P18000048194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

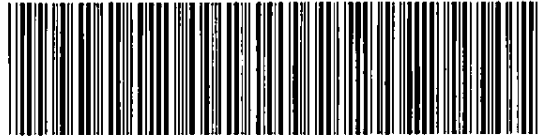
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 01/13/2025

Name: Cheyenne Davis

Reference #: 2446501

Entity Name: AMELIA ISLAND PERIODONTICS, P.A.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: *Cheyenne Davis*

**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: AMELIA ISLAND PERIODONTICS, P.A.
2. The principal office address: no change
3. The mailing address (if different): no change
4. Date of incorporation/qualification: 5/23/2018 Document number: P18000048194
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)

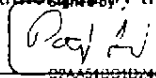
Field, Darryl Allen  
960115 GATEWAY BLVD., UNIT B  
FERNANDINA BEACH, FL 32034

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

Cogency Global Inc.  
115 North Calhoun Street, Suite 4  
P.O. Box NOT acceptable  
Tallahassee, Florida 32301

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 of an officer or director

Darryl A. Field, President  
 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.*

/s/ Michael Carlisle  
 Signature of Registered Agent

8/5/2024  
 Date

If signing on behalf of an entity:

Michael Carlisle, Assistant Secretary  
 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)

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