

P190000053253

(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



000389431140

RA & RO Change

09/21/20 - 01025 - 019 - 4-21-20

FILED
2022 JUN 21 PM 12 56
JUL 15 2022

A. RAMSEY

SEP 14 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POWERS ANESTHESIA CONSULTANTS, INC
Name of Corporation

DOCUMENT NUMBER: P18000053253

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:

Jeffery James Powers Jr

Name of Contact Person
POWERS ANESTHESIA CONSULTANTS, INC

Firm/Company
124 S Morgan St Apt 3405

Address
Tampa, FL 33602

City/State and Zip Code
jpowers917@gmail.com

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

For further information concerning this matter, please call:

Jeffery James Powers Jr at (478) 2515314
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 124 S MORGAN ST APT 3405 TAMPA, FL 33602

4. Date of incorporation/qualification: 06/29/2018 Document number: P18000053253

UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO, FL 32822

(RESIGNED)

Jeffery James Powers Jr

124 S Morgan St Apt 3405, Tampa, FL, 33602

P.O. Box NOT acceptable

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.

Jeffery James Powers Jr. - 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.

6/15/2022

Date _____

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE