

P210000047907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

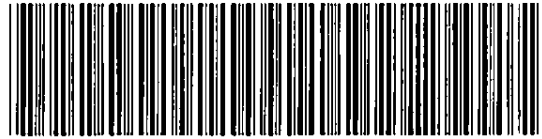
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DEWIS

MAR 16 2024

Office Use Only



700424614607

03/26/24 --01019--012 **35.00

FILED
2024 FEB 26 PM 3:09
SECRETARY OF STATE
OF THE STATE OF NEW YORK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Costa Anesthesia Consultants
Name of Corporation

DOCUMENT NUMBER: P21000047907

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:

Jason M Balt

Name of Contact Person

Costa Anesthesia Consultants

Firm/Company

15612 Camp Dubois Crescent

Address

Winter Garden, FL 34787

City/State and Zip Code

j_balt@yahoo.com

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

For further information concerning this matter, please call:

Jason M Balt

Name of Contact Person

at (651) 245-5614
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: Costa Anesthesia Consultants
2. The principal office address: 15612 Camp Dubois Crescent
Winter Garden, FL 34787
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 20, 2021 Document number: P21000047907
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)

Jason M Balt

7901 4th St N STE 300

St. Petersburg, FL 33702

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

Registered Agents Inc

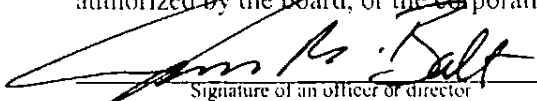
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

Jason M Balt

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.



Signature of Registered Agent

02/21/2024

Date

If signing on behalf of an entity:

David Roberts

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)

FILED
2024 FEB 26 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA