

P22 0000025722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

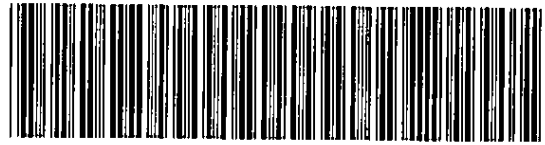
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

SEP - 1 2022

Office Use Only



700389255857

06/13/22--01021--024 **35.00

FILED
2022 JUN 13 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: David Nelson Hayes PA
Name of Corporation

DOCUMENT NUMBER: P22000025722

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:

David Hayes
Name of Contact Person

David Nelson Hayes PA
Firm/Company

155 Bartram Market Drive Suite 135, PMB 221
Address

St Johns, FL 32259
City/State and Zip Code

ohsoccerfamily@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hayes at (678) 357-2412
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

**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: David Nelson Hayes II PA
2. The principal office address: 155 Bartram Market Drive Suite 135, PMB 221
St. Johns FL 32259
3. The mailing address (if different): ^
4. Date of incorporation/qualification: March 17, 22 Document number: P00000025722
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)

David Nelson Hayes II
680 Irish Rose Road
St. Augustine, FL 32092

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

DAVID NELSON HAYES II
680 IRISH ROSE RD
P.O. Box NOT acceptable
ST AUGUSTINE, FL 32092

2022 JUN 13 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

David Nelson Hayes II
Signature of an officer or director

David Hayes (owner)
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.

David Nelson Hayes II
Signature of Registered Agent

6/9/22
Date

If signing on behalf of an entity:

David Nelson Hayes II PA
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