

P92000014268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

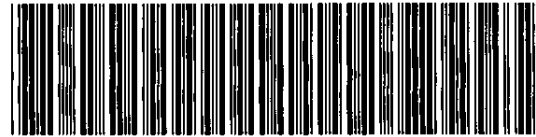
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Janine Cornelius
Advised to make
corrections in the
New Agent... 4/24/17

Office Use Only



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04/21/17--01007--005 **35.00

FILED
2017 APR 21 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 24 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Janine K. Cornelius, DDS, P.A.
Name of Corporation

DOCUMENT NUMBER: P92000014268

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:

Janine K. Cornelius
Name of Contact Person

Janine K. Cornelius, DDS, P.A.
Firm/Company

2401 S. Dale Mabry Ste A
Address

Tampa, FL 33629
City/State and Zip Code

Jan Cornelius JCornel2@Tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janine K. Cornelius at (813) 254-4568
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Janine K. Cornelius, DDS, P.A.
2. The principal office address: 2401 S. Dale Mabry Ste A
Tampa, FL 33629
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/93 Document number: P920000 14268

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)

Mitchell Horowitz
501 E. Kennedy Blvd. Ste 1700
Tampa, FL 33601

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

Janine K. Cornelius
2401 S. Dale Mabry Ste A
Tampa, FL 33629

P.O. Box NOT acceptable

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.

Janine K. Cornelius
Signature of an officer or director

Janine K. Cornelius
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.

Janine K. Cornelius, DDS, PA
Signature of Registered Agent

4.15.17
Date

If signing on behalf of an entity:

Janine K. Cornelius, DDS, 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

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