9/27/2019

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address			

REGISTERED AGENT CHANGE DOUGLAS K. SCALES, P.A.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
in ord	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: DOUGLAS K. SCALES, P.A.	
2. The principa	al office address: 4689 US Highway 17, Suite 6, Fleming Island, FL 32003	
3. The mailing	address (if different):	
4. Date of incor	progration/qualification: 04/05/1993 Document number: P93000026153	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	BROWN, TERENCE M	
,	486 N TEMPLE AVE	
	STARKE, FL 32091	Ś
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office:	774 4
	C T Corporation System	1
· · ·	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Blox NOT acceptable	
	Plantation, Florida 33324	
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent,	
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	•
Dalas	CEOVOWNER Douglas K. Scales, P.A. CEOVOWNER	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. If the appointment as registered agent and agree to act in this capacity. If a comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. In that the corporation has been notified in writing of this change.	
By: Co TCo	orporation System	
	ignature of Registered Agent	
If signing on b	pehalf of an entity:	
Lindsay	y Plummer	
	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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