

P9 30000 40092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GREENFIELD CENTER INC

Name of Corporation

**DOCUMENT NUMBER:** P93000040092

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:

ELEANORE TERRELL

Name of Contact Person

GREENFIELD CENTER INC

Firm/Company

3 SHIRCLIFF WAY SUITE 640

Address

JACKSONVILLE, FL 32204

City/State and Zip Code

e terrell @ Green field centerjax.com

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

For further information concerning this matter, please call:

ELEANORE TERRELL

Name of Contact Person

at ( 904 ) 3893784

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: GREENFIELD CENTER INC
2. The principal office address: 3 SHIRCLIFF WAY SUITE 640  
JACKSONVILLE FL 32204
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/07/1993 Document number: P93000040092

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)

MICKEY M GREENFIELD J.D., PH.D., CAP

3 SHIRCLIFF WAY SUITE 640

JACKSONVILLE, FL 32204

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

BRIAN W JACKSON

3 SHIRCLIFF WAY SUITE 640

P.O. Box NOT acceptable

JACKSONVILLE, FL 32204

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.

Eleanore Terrell  
Signature of an officer or director

ELEANORE TERRELL  
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.*

Brian W. Jackson, Dr. AD, CAP  
Signature of Registered Agent

12/12/2016

Date

If signing on behalf of an entity:

BRIAN JACKSON, Dr. AD, CAP  
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 (03/12)

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SECRETARY OF STATE