

P93000041673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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R. WHITE  
JUN 15 2019

FILED  
2019 MAY 29 PM 2:05  
FBI

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PONTE VEDRA PLASTIC SURGERY, P.A.  
Name of Corporation

DOCUMENT NUMBER: P93000041673

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:

Whitney Harper

Name of Contact Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Circle, Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

support@advoslegal.com

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

For further information concerning this matter, please call:

Elizabeth Akin

Name of Contact Person

at ( 904 ) 567-5311

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: PONTE VEDRA PLASTIC SURGERY, P.A.  
2. The principal office address: 209 PONTE VEDRA PARK DR  
PONTE VEDRA BEACH, FL 32082  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/14/1993 Document number: P93000041673

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)

FAIRBANKS, RANDAL C  
113 NATURE WALK PARKWAY SUITE 103  
ST. AUGUSTINE, FL 32092

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

Whitney Harper  
5000 Sawgrass Village Circle, Suite 7  
P.O. Box NOT acceptable  
Ponte Vedra Beach, FL 32082

2019 MAY 29 PM 2:05

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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.

Brett Snyder  
Signature of an officer or director

Dr. Brett Snyder, President  
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]  
Signature of Registered Agent

05-23-2019  
Date

If signing on behalf of an entity:

ADVOS legal PLLC  
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  
CR2H045 (03/12)