P93000041673

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

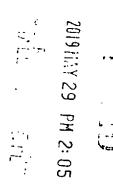
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R. WHITE JUN 15 2019



COVER LETTER

TO: Amendment Section Division of Corporations

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

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

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

904 567-5311
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fla is submitted for a corporation organized under the laws of the Sta change its registered office or registered agent, or both, in the Sta	te of Florida	_
1. The name of the co	orporation; PONTE VEDRA PLASTIC SURGER	-	
	e address: 209 PONTE VEDRA PARK DR DRA BEACH, FL 32082	<u></u>	
3. The mailing address	ss (if different):		
4. Date of incorporat	ion/qualification: 06/14/1993 Document number: P	93000041673	
5. The name and stree	et address of the current registered agent and registered office on a tof State: (If resigned, enter resigned)	file with the	
FA	IRBANKS, RANDAL C		
<u>11</u>	3 NATURE WALK PARKWAY SUITE 103		
ST	. AUGUSTINE, FL 32092		
6. The name and stree (if changed):	et address of the new registered agent (if changed) and /or register	red office. " 2015	 Î.J
Wh	nitney Harper	9	; ;, f
50	00 Sawgrass Village Circle, Suite 7	PH 2:	ا : ا وسندرا العربية
<u>Po</u>	nte Vedra Beach, FL 32082		
The street address of as changed will be in	its registered office and the street address of the business office lentical.	of its registered age	nt,
Such change was aut authorized by the box	horized by resolution duly adopted by its board of directors or bard, or the corporation has been notified in writing of the change	y an officer so	
Brett Sny	Dr. Brett Snyder, F		_
I hereby accept the a I further agree to con performance of my d agent. Or, if this doc	ppointment as registered agent and agree to act in this capacity uply with the provisions of all statutes relative to the proper and uties, and I am familiar with and accept the obligation of my pound is being filed merely to reflect a change in the registerea the corporation has been notified in writing of this change.	Leomplete sition as registered	
15 m	05-23-2019		
	of Registered Agent Date		-
If signing on behalf of	·		
ADVOS legal pl:	Printed Name		
	* * * FILING FEE: \$35.00 * * *		