

P94000017353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

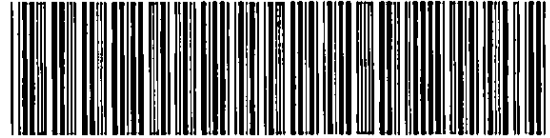
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C GOLDEN

JUN 25 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ponikvar & Associates, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P94000017353

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:

Apryl W. Ponikvar

Name of Contact Person

Ponikvar & Associates, Inc.

Firm/Company

230 SW 131st Street

Address

Newberry, FL 32669

City/State and Zip Code

aponikvar@ponikvar.com

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

For further information concerning this matter, please call:

Apryl W. Ponikvar

Name of Contact Person

at ( 352 ) 256-5253

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: Ponikvar & Associates, Inc.
2. The principal office address: 230 SW 131st Street  
Newberry, FL 32669
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/1994 Document number: P94000017353

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)

Apryl W. Ponikvar  
747 SW 2nd Avenue, #J IMB 23  
Gainesville, FL 32601

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

(No change) Apryl W. Ponikvar  
(Address Changed) 230 SW 131st Street  
P.O. Box NOT acceptable  
Newberry, FL 32601

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**TALLAHASSEE, FLORIDA**

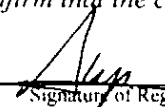
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Jack Ponikvar, Vice 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 of Registered Agent

15 June 2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*