

P97000029190

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
2016 JUN 15 PM 4:41

JUN 21 2016

C LEWIS



921 North Palafox Street
Pensacola, FL 32501
850-316-8179
fax: 850-898-3377
leuchtmanlaw.com

Gary B. Leuchtman
Board Certified in Wills, Trusts & Estates

Alfred J. Lojo

June 7, 2016

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

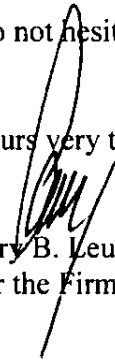
Re: Amendment of Pensacola Orthopaedics & Sports Medicine, P.A.

Dear Sir or Madam:

Please find enclosed herewith the Amendment for the company Pensacola Orthopaedics & Sports Medicine, P.A. and a check in the amount of \$35.00 for the filing fee.

If you have any questions or concerns, please do not hesitate to contact our office.

Yours very truly,


Gary B. Leuchtman
For the Firm

GBL/al
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pensacola Orthopaedics & Sports Medicine, P.A.

Name of Corporation

DOCUMENT NUMBER: P97000029190

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:

Gary B. Leuchtman

Name of Contact Person

Law Office of Gary B. Leuchtman. PLLC

Firm/Company

921 North Palafox Street

Address

Pensacola, FL 32501

City/State and Zip Code

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

For further information concerning this matter, please call:

Gary B. Leuchtman

Name of Contact Person

at **850 316-8179**

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: Pensacola Orthopaedics & Sports Medicine, P.A.
2. The principal office address: 5147 North Ninth Avenue, STE 103
Pensacola, FL 32504
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/31/1997 Document number: P97000029190

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)

Savary, Johnson SESQ Dunlap & Morgan, P.A.

22 South Links Avenue Suite 300

Sarasota, FL 34236

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

Law Office of Gary B. Leuchtman, PLLC

921 North Palafox Street

P.O. Box NOT acceptable

Pensacola, FL 32501

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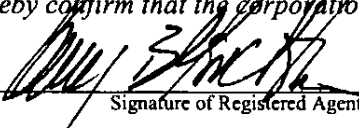
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of officer or director

FORRY LUNN
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

6/3/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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