

P97000029978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 13 PM 12:57

FILED

Reg Agent / office change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OKALOOSA EYE CARE PA
Name of Corporation

DOCUMENT NUMBER: P97000029978

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:

Ashley B. Rogers

Name of Contact Person
Dunlap & Shipman, P.A.

Firm/Company
2063 S. County Hwy. 395

Address
Santa Rosa Beach, FL 32459

City/State and Zip Code

ashley@dunlapshipman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley B. Rogers at (850) 231 3315
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: OKALOOSA EYE CARE PA

2. The principal office address: 207 N. Main Street, Crestview, FL 32536

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/31/1997 Document number: P97000029978

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)

Wanda C. Batson, 8120 Rock Hill Rd., Baker, FL 32531 (resigned)

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

Chelsea R. Evans, 207 N. Main Street, Crestview, FL 32536

P.O. Box NOT acceptable

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.

Chebea R. Evans
Signature of an officer or director

Chelsea R. Evans, 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.

Cheba R. Evans
Signature of Registered Agent

March 31, 2021

Date _____

If signing on behalf of an entity:

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 (04/13)