

P97000061605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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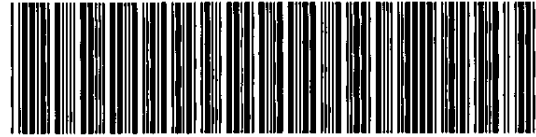
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Transcriptions of Northwest Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000061605

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:

Katherine Freel

Name of Contact Person

Professional Transcriptions of Northwest Florida, Inc.

Firm/Company

2956 Hwy 178

Address

Jay, FL 32565

City/State and Zip Code

ptikc@aol.com

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

For further information concerning this matter, please call:

Katherine Freel

Name of Contact Person

at **850 698-0034**

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

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**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: Professional Transcriptions of Northwest Florida Inc.
2. The principal office address: 3610 Misty Woods Circle, Pace, FL 32571
3. The mailing address (if different): P.O. Box 11788, Pensacola, FL 32504
4. Date of incorporation/qualification: 07/02/1997 Document number: P97000061605
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)

Jeannette Nelson

3610 Misty Woods Circle

Pace, FL 32571

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

Katherine Freel

2956 Hwy 178

P.O. Box NOT acceptable

Jay, FL 32565

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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 an officer or director

Tim Freel, Secretary

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

05/01/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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