

P99000003021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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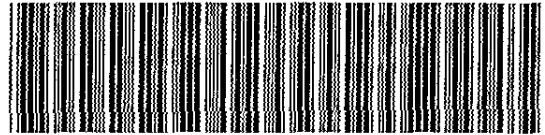
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Re kacy*

LAW OFFICES OF  
**TOMCHIN & ODOM, P.A.**

8833 PERIMETER PARK BLVD. SUITE 104  
JACKSONVILLE, FLORIDA 32216

KENNETH A. TOMCHIN  
LISA S. ODOM  
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March 12, 2003

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Secure Care Systems of Georgia, Inc.  
Document # P99000003021

To whom it may concern:

Enclosed for filing in regards to the above referenced corporation, please find a Statement of Change of Registered Office/Agent and filing fee of \$35.00 to cover the cost of filing.

Should you have any questions, please do not hesitate to give me a call.

Sincerely,



Alana Hartley  
Secretary for Tomchin & Odom, P.A.

:ajh  
Enclosure(s)

# 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: SECURE CARE SYSTEMS OF GEORGIA, INC.
2. The principal office address: 4745 SUTTON PARK COURT, SUITE 601  
JACKSONVILLE, FL 32224
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JANUARY 8, 1999 Document number: P99000003021
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
WATSON, JAY  
6440 SOUTH POINT PARKWAY, SUITE 180  
JACKSONVILLE, FL 32216
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
WATSON, JAY  
8833 PERIMETER PARK BLVD., SUITE 104  
(P.O. Box or personal mailbox NOT acceptable)  
JACKSONVILLE, FL 32216

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, chairman or vice chairman of the board)

(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)

(Date)

If signing on behalf of an entity.

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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