

999 0000 18373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

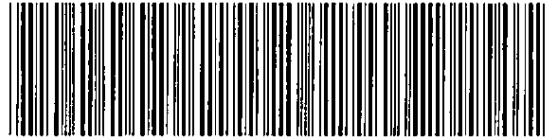
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAUREN LUCAS, PHLD., P.A.
Name of Corporation

DOCUMENT NUMBER: P99000018373

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:

LAUREN LUCAS HOFFMAN

Name of Contact Person

LAUREN LUCAS, PHLD., P.A.

Firm/Company

9838 OLD BAYMEADOWS RD 165

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

lauren@laurenlucasphd.com

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

For further information concerning this matter, please call:

LAUREN LUCAS HOFFMAN

Name of Contact Person

at (904)

725-2008

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: LAUREN LUCAS, PH.D., P.A.
2. The principal office address: 9838 OLD BAYMEADOWS RD 165
JACKSONVILLE, FL 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/25/1999 Document number: P99000018373
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)

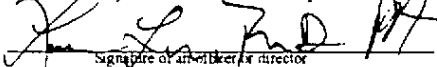
LUCAS HOFFMAN, LAUREN
1056 HENDRICKS AVE
JACKSONVILLE, FL 32207

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

LUCAS HOFFMAN, LAUREN
9838 OLD BAYMEADOWS RD 165
JACKSONVILLE, FL 32256
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.


Signature of an officer or director

LAUREN LUCAS, PH.D., P.A.
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

06-15-2023
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)

FILED
23 JUN 23 PM 12:06
DIVISION OF STATE
TALLAHASSEE, FLORIDA