

To:
9/26/24, 10:30 AM

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2024-11-07 14:35:04 CST

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From: David Thomas

25135
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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**REGISTERED AGENT CHANGE
CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

We have not received a rejection letter nor any evidence.

Please honor the original filing date of 9/26/24

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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.
2. The principal office address: _____
6190 North Davis Highway Pensacola, FL 32504
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/27/1990 Document number: S25135
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)

LEUCHTMAN, GARY B.

921 North Palafox Street

PENSACOLA, FL 32502

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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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.

Signed by:

Kathy Shea

4116A2E-0A21B0C of an officer or director

Kathy Shea, CFO

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.

C T Corporation System

By:

Rachel O'Connor

9/24/2024

Signature of Registered Agent

Date

If signing on behalf of an entity:

Rachel O'Connor, Assistant Secretary

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)