

270695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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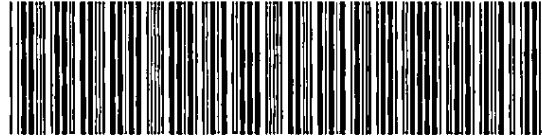
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 14 P 2 14

FILED

JUL 18 2017

T. LEMNEUX

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MILTON MEDICAL & DRUG CO., INC.  
Name of Corporation

DOCUMENT NUMBER: 270695

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:

SHEILA M. WAGNER  
Name of Contact Person

MILTON MEDICAL & DRUG CO., INC.  
Firm/Company

958 W. 41st ST  
Address

MIAMI BEACH, FL 33140  
City/State and Zip Code

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

For further information concerning this matter, please call:

SHEILA M. WAGNER at (305) 531-6436  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: MILTON MEDICAL & DRUG CO., INC.

2. The principal office address: 958 W. 41st ST MIAMI BEACH, FL 33140

3. The mailing address (if different):

4. Date of incorporation/qualification: 6/7/63 Document number: 270696

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)

MILTON MEDICAL AND DRUG 1/2 REGISTERED AGENT CORPORATE SERVICES, INC 9400 DADELAND BLVD. Ste. 600 MIAMI, FL 33156

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

SHEILA M. WAGNER / MILTON MEDICAL & DRUG CO., INC 958 W. 41st ST MIAMI BEACH, FL 33140

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: Sheila M. Wagner, Pres

Printed or typed name and title: SHEILA M. WAGNER

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: Sheila M. Wagner

Date: 7/10/2017

FILED JUL 14 2017 SEVEN O'CLOCK STATE OF FLORIDA TALLAHASSEE

If signing on behalf of an entity:

Typed or Printed Name: SHEILA M. WAGNER

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

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