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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email Address:_

S TALLENT

AUG 02 2017

REGISTERED AGENT CHANGE KELLER MEDICAL, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SURJ	Ketler Medical, Inc.		
	Name of C	Corporation	
DOC	F09000002540 UMENT NUMBER:		
	nclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for tiling	
	return all correspondence concerning this matte		
	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	to the following.	
	Name of Co	ntact Person	
	Firm/Company		
	Add	ress	
	City/State ar	nd Zip Code	
	E-mail address: (to be used for fi	uture annual report notification)	
		,	
For fu	rther information concerning this matter, please of	call:	
	Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclos	ed is a \$35,00 check made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	ange is submitted for a corporation organized under the laws of the State of Delaware or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Keller Medical, Inc.	
	office address: 1239 SE Indiana Street, Suite 112, Stuart FL 34997	_
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/24/2009 Document number: F09000002540	_
5. The name and	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	
	PREISSMAN, HOWARD) ;
	30 SIMARA STREET	1
	STUART, FL 34994 (7)	芸つ
6. The name and (if changed):	I street address of the new registered agent (it changed) and /or registered office C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT neceptable	
	Plantation, Florida 33324	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Judith Tomkins, Asst. Secretary	
I hereby accept I further agree performance of agent. Or life mereby capture By Sign	the appointment as registered agent and agree to act in this capacity, or camply with the provisions of all statutes relative to the proper and complete my diales, and I am familiar with and accept the obligation of my position as registered syllogument is being filled merely to reflect a change in the registered office address, I find the corporation has been notified in writing of this change. Spration Sylven Date half of an entity: RALVIJA AMERITA CRAY	
Ty	oped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)