

F20 000000 2414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

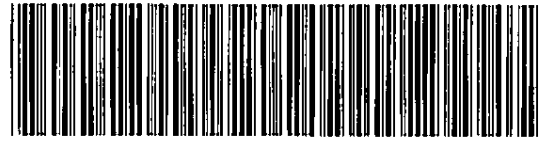
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Ja 10/16/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DELINEO DIAGNOSTICS INC.  
Name of Corporation

**DOCUMENT NUMBER:** F20000002414

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:

NORM D. FUGATE

Name of Contact Person

NORM D. FUGATE P.A.

Firm/Company

248 N.W. MAIN STREET

Address

WILLISTON, FLORIDA 32696

City/State and Zip Code

norm@normdfugatepa.com

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

For further information concerning this matter, please call:

NORM D. FUGATE

Name of Contact Person

at ( 352 ) 528-0019

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: Delineo Diagnostics Inc.
- 2. The principal office address: 18525 NW HWY 335 Williston, Florida 32696
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 5/18/2020 Document number: F20000002414
- 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)

Stephen L. Ondra  
18525 NW HWY 335  
Williston, FL 32696

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

Norm D. Fugate P.A.  
248 N.W. Main Street  
 \_\_\_\_\_  
 P.O. Box NOT acceptable  
Williston, Florida 32696

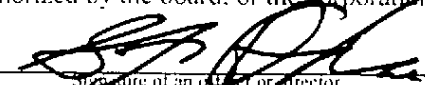
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
 \_\_\_\_\_  
 Signature of an officer or director

Stephen Ondra PSEC  
 \_\_\_\_\_  
 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

9/2/2020  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

Norm D. Fugate  
 \_\_\_\_\_  
 Typed or Printed Name

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