P04000017461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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AUG 19 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDIOVASCULAR MOBILE ULTRASOUND INC.
Name of Corporation

DOCUMENT NUMBER: P04000017461

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:

Nubia Orjuela
Name of Contact Person

CARDIOVASCULAR MOBILE ULTRASOUND INC
Firm/Company

2605 W. SWANN AVE. STE #100
Address

TAMPA. FLORIDA 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

Nubia Orjuela at (813) 417-5888 OR (813) 962-8350
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

CR2E045 (03/12)

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: CARDIOVASCULAR MOBILE ULTRASOUND, INC.
2. The principal office address: 2605 W. SWANN AVE #100 Tampa, FL 33609
3. The mailing address (if different): 15936 STAG'S LEAP DR LUTZ, FL 33559
4. Date of incorporation/qualification: 01/20/2004 Document number: P04000017461
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)

Nubia Orjuela
13904 Glover Place
Tampa, Florida 33613

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

Nubia Orjuela
2605 W. Swann AVE
P.O. Box NOT acceptable
Tampa, FL 33609

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

Nubia Orjuela - President
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

8-7-2013
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 (03/12)