

PD8000026268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200219726232

02/08/12--01030--008 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12 FEB -8 PM 3:42

FILED

RA Change

FEB -9 2017

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DROMEDICA CORP
Name of Corporation

DOCUMENT NUMBER: P08000026268

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:

ISABEL BOSCAN
Name of Contact Person

Firm/Company

8339 NW 64 STREET SUITE 03
Address

MIAMI, FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

ISABEL BOSCAN at (786) 768 7776
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: DROMEDICA CORP
2. The principal office address: 8339 NW 64 STREET SUITE 03
MIAMI, FL 33166
3. The mailing address (if different): 3475 BELMONT TERR
DAVIE FL, 33328
4. Date of incorporation/qualification: 03/11/2008 Document number: P08000026268
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)

PANELL LAW FIRM LLC
8600 NW 53 RD TERRACE - SUITE 201
DORAL FL, 33166

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

ISABEL BOSCAN
3475 BELMONT TERRACE
P.O. Box NOT acceptable
DAVIE FL, 33328

FILED
12 FEB - 8 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

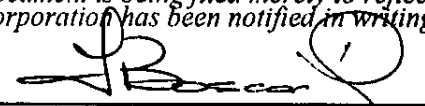
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ISABEL BOSCAN
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

ISABEL BOSCAN
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