Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name :- I L HOFMANN & ASSOCIATES, P.A. KSOT+Corpary (C

Phone : (305)670-6370
Fax Number : (305)670-3390

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

Email Address:

ad usagents.com

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SECRETARY OF STATE

LA MASSEF FLOWER

REGISTERED AGENT CHANGE MEDINA CAPITAL PARTNERS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F^2}{2}$ in the change its registered office or registered agent, or both, in the State of F^2	L	
1. The name of	the corporation: MEDINA CAPITAL PARTNERS, INC.		
2. The principal MIAMI, F	office address: 9300 S. DADELAND BOULEVARD, SUITE 6	600	
3. The mailing a	address (if different):	~~~	
4. Date of incor	poration/qualification: 05/10/2011 Document number: P11000	0044844	
	d street address of the current registered agent and registered office on file wit riment of State: (If resigned, enter resigned)	h the	
	United States Registered Agents, Inc.		
	420 S. Dixie Highway, Suite 4B	ZOIN SEC Fall	
	Coral Gables, FL 33146	JUN RETA AHA	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi		T
	United States Registered Agents, Inc.	5TA 1.0R	C
	9300 S. DADELAND BOULEVARD, SUITE 600	<u> </u>	
	P.O Box NOT acceptable MIAMI, FL 33156		
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registered agent	•
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an o	fficer so	
	RENE A. RODRIGUEZ	, CFO	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comp my duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.		
If signing on be	chalf of an entity:		
Ť	yped or Printed Name		

" " " FILING FEE: 300.00 " " "

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