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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ADANCED

.... CONSULTANTS GROUP, INC.

Name of Corporation

DOCUMENT NUMBER:

P12000063220

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:

KENNETH B. SCHURR

Name of Contact Person

Firm/Company

2030 S. DOUGLAS ROAD, SUITE 105

Address

CORAL GABLES, FL 33134

City/State and Zip Code

COUNSELKEN@SCHURRLAW.COM

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

For further information concerning this matter, please call:

KENNETH B SCHURR

.,305

441-9031

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

1. The name of the corporation: ADVANCED MEDICAL CONSULTANTS GROUP, INC. 2. The principal office address: 2030 S. DOUGLAS ROAD SUITE 105, CORAL GABLES, FL 33134 3. The mailing address (if different): 4. Date of incorporation/qualification: 7/15/12 Document number: P12_ODDD (6_32_2) 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) KENNETH B SCHURR 3001 PONCE DE LEON BLVD., SUITE 262 CORAL GABLES, FL 33134 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): KENNETH B. SCHURR 2030 S. DOUGLAS ROAD, SUITE 105 P.O. Box NOT acceptable CORAL GABLES, FL 33134 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Sugnature of an officer or director I hereby accept the appointment as registered agent and agree to ace in this capacity. I further agree to ace in this capacity. I further agree to ace in this capacity of my daties, and I am familiar with and accept the abliquition of my position as registered agent. I sugnature of an office of my daties, and I am familiar with and accept the abliquition of my position as registered agent. I hereby accept the appointment as registered agent and agree to ace in this capacity. I further agree to ace in this capacity of my daties, and I am familiar with and accept the abliquition of my position as registered agent. I hereby confirm that the corporation has been notified in writing of this change. Sugnature of an office or director I first for a control of my daties, and I am familiar with and accept the abliquition of my position are registered agent. The position of my daties and I am familiar with and accept the abliquition of my position are registered agent. The position of my position are registered agent. Thereby control that the corporation has been notified in writing of this change. Sugnature of	statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ or to change its registered office or registe	ized under the laws of the State of	Florida	-
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KENNETH B. SCHURR		•			
Typed or Printed Name					

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