

P12000101008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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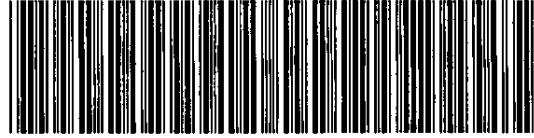
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2016 AUG - 5 AM 10:43

AUG 15 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MDM CONSULTANTS, INC.
Name of Corporation

DOCUMENT NUMBER: P120000101008

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:

SHARI TAYLOR

Name of Contact Person

MDM CONSULTANTS, INC.

Firm/Company

1801 NORTH MILITARY TRAIL STE 500

Address

BOCA RATON, FL 33431

City/State and Zip Code

info@sharitaylorandco.com

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

For further information concerning this matter, please call:

Shari Taylor

Name of Contact Person

847 420 4287

at ()

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: MDM CONSULTANTS, INC.

2. The principal office address: 1801 N. MILITARY TRAIL SUITE 200
BOCA RATON, FLORIDA 33431

3. The mailing address (if different): C/O SHARI TAYLOR AND CO., CHRTD.

4. Date of incorporation/qualification: 12 11 2012 Document number: P120000101008

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)

SHARI TAYLOIR
138 PALM COAST PRKWY. N.E. STE 155
PALM COAST FLORIDA 32137

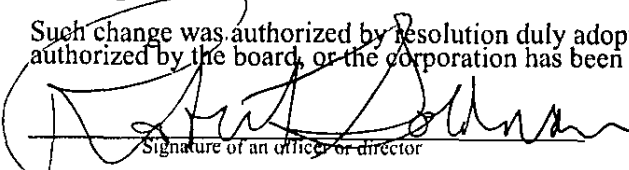
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TAYLOR HOGAN
250 PALM COAST PRKWY., N.E. STE 607-218
P.O. Box NOT acceptable
PALM COAST FL 32137

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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

ROBERT GOLDMAN 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

8/1/2016
Date

If signing on behalf of an entity:

TAYLOR HOGAN
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