

P12000101008

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(Requestor's Name)

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(City/State/Zip/Phone #)

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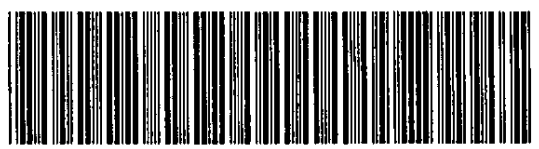
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 31 2017  
D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MDM CONSULTANTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** p12000101008

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 N. MILITARY TRAIL, STE 200  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

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

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For further information concerning this matter, please call:

SHARI TAYLOR at 847 420 4287  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

17 AUG 29 PM 12:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 4, 2017

SHARI TAYLOR  
MDM CONSULTANTS, INC.  
1801 N MILITARY TRAIL, STE ~~500~~ 200  
BOCA RATON, FL 33431

SUBJECT: MDM CONSULTANTS, INC.  
Ref. Number: P12000101008

We have received your document for MDM CONSULTANTS, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 917A00015831

**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 STE 200  
BOCA RATON, FL 33431
3. The mailing address (if different): 1510 W. MONTANA STREET  
CHICAGO, ILLINOIS 60614
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)

TAYLOR HOGAN  
250 PALM COAST PARKWAY, NE, SUITE 607-218  
PALM COAST, FLORIDA 321376

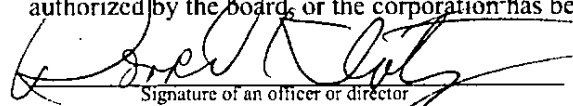
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHARI TAYLOR  
250 PALM COAST PARKWAY, NE, STE 607-507  
P.O. Box NOT acceptable  
PALM COAST, FLORIDA 32137

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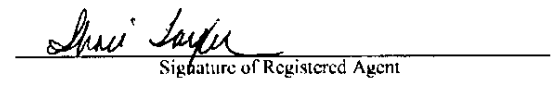
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

RONALD KLATZ VICE 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 21 12  
Date

If signing on behalf of an entity:  
SHARI TAYLOR  
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