

P18000055145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

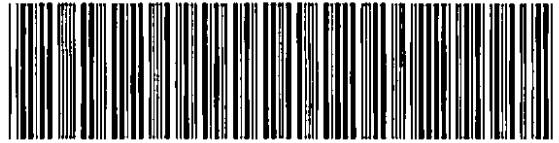
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clearwater Medical Supply, Inc
Name of Corporation

DOCUMENT NUMBER: P18000055145

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:

Vitaliy Anisov
Name of Contact Person

Clearwater Medical Supply, Inc.
Firm/Company

4707 140th Ave N ste 312
Address

Clearwater, FL 33762-3841
City/State and Zip Code

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

For further information concerning this matter, please call:

Vitaliy Anisov at (727) 754-4341
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

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DIVISION OF CORPORATIONS
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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: Clearwater Medical Supply, Inc
- 2. The principal office address: 4707 140th Ave N, Ste 312
Clearwater, FL 33762
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov 28, 2018 Document number: P18000055145

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)

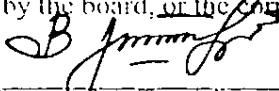
Kelly Wolfe (Resigned)
4707 140th Ave N. Ste 312
Clearwater, FL 33762

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

Vitaliy Anisov
4707 140th Ave N. Ste 312
P.O. Box NOT acceptable
Clearwater, FL 33762

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

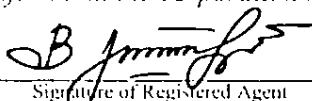
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Vitaliy Anisov
Printed or typed name and title

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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

1/31/19
Date

If signing on behalf of an entity:

Typed or Printed Name

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