

270695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

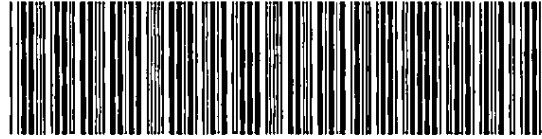
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700301230497

07/14/17--01007--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 14 P 2 14

FILED

JUL 18 2017

T. LEMMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MILTON MEDICAL & DRUG CO., INC.
Name of Corporation

DOCUMENT NUMBER: 270695

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:

SHEILA M. WAGNER
Name of Contact Person

MILTON MEDICAL & DRUG CO., INC.
Firm/Company

958 W. 41st ST
Address

MIAMI BEACH, FL 33140
City/State and Zip Code

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

For further information concerning this matter, please call:

SHEILA M. WAGNER at (305) 531-6436
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

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: MILTON MEDICAL & DRUG CO., INC.
2. The principal office address: 958 W. 41st ST
MIAMI BEACH, FL 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/7/63 Document number: 270696
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)

MILTON MEDICAL AND DRUG CO. REGISTERED AGENT CORPORATE SERVICES, INC.
9400 DADELAND BLVD. Ste. 600
MIAMI, FL 33156

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

SHEILA M. WAGNER / MILTON MEDICAL & DRUG CO., INC.
958 W. 41st ST
P.O. Box NOT acceptable
MIAMI BEACH, FL 33140

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.

Sheila M. Wagner, Pres
Signature of an officer or director

SHEILA M. WAGNER
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.

Sheila M. Wagner
Signature of Registered Agent

7/10/2017
Date

If signing on behalf of an entity:

SHEILA M. WAGNER
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