

646557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

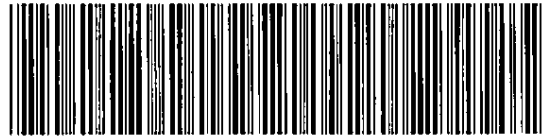
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500304775205

10/24/17--01012--015 **35.00

S TALLENT

OCT 26 2017

FILED
17 OCT 23 AM 2:12
CLERK OF SUPERIOR COURT
JANESVILLE, WI

R/A-44

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN MEDICAL INC
Name of Corporation

DOCUMENT NUMBER: 646557

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:

CHRIS V THEODORE
Name of Contact Person

OCEAN MEDICAL INC
Firm/Company

1717 S.W. 1ST WAY SUITE 30
Address

DEERFIELD BEACH, FL 33441
City/State and Zip Code

OCEANMEDICALINC@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS V THEODORE at (954) 834-0025
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.

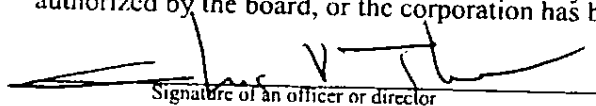
1. The name of the corporation: OCEAN MEDICAL, INC.
2. The principal office address: 1717 S.W. 1ST WAY SUITE 30
DEERFIELD BEACH FL 33441
3. The mailing address (if different): _____
4. Date of incorporation/qualification: NOV 29 1979 Document number: 646557
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CHRIS V THEODORE
4708 NE 23 AVE FORT LAUDERDALE FL 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRIS V THEODORE
1717 S.W. 1ST WAY SUITE 30
P.O. Box NOT acceptable
DEERFIELD BEACH FL 33441

FILED
17 OCT 23 AM 2:12
CLERK OF STATE
TALLAHASSEE FLORIDA

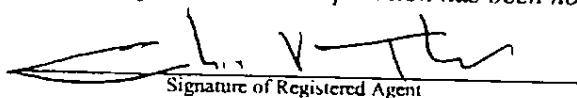
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

CHRIS V THEODORE, PD
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

10-16-17
Date

If signing on behalf of an entity:

CHRIS V THEODORE
Typed or Printed Name

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