

FL0000007211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

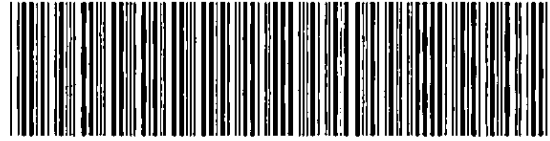
(Document Number)

Number of Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800400113168


2023 JAN 10 AM 10:01
F.S. 17

2023 JAN 10 AM 11:17

A. BUTLER

JAN 11 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 311726 5123532
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : January 6, 2023
ORDER TIME : 8:10 AM
ORDER NO. : 311726-006
CUSTOMER NO: 5123532

CHANGE OF AGENT

NAME: MEDICOMP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MEDICOMP, INC.

2. The principal office address: 600 ATLANTIS ROAD MELBOURNE, FL 32904

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/28/2000 Document number: F0000007211

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)

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH FL 33408

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

2023 JAN 10 AM 10:01
FILED
STATE

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]
Signature of an officer or director

Jack Fiedor Secretary
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.

Corporation Service Company
By: [Signature]
Signature of Registered Agent

01/06/2023
Date

If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President
Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)