F06000001606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

TB OCT 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J&B MEDICAL SUPPLY CO INC.
(Name of Corporation)

DOCUMENT NUMBER: F06000001606

The enclosed ***Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Granskie for Incorp Services, Inc.
(Name of Contact Person)

Incorp Services, Inc.
(Firm/Company)

2360 Corporate Circle, Suite 400
(Address)

Henderson, NV 89074-7722
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Granskie/Incorp Services, Inc. at (702) 866-2500
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- ☑ $35.00 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

CR2E124 (8/08)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2010

LISA GRANSKIE
INCORP SERVICES, INC.
2360 CORPORATE CIR STE 400
HENDERSON, NV 89074-7722

SUBJECT: J & B MEDICAL SUPPLY CO., INC.
Ref. Number: F06000001606

We have received your document for J & B MEDICAL SUPPLY CO., INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 110A00023694

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

1. The name of the corporation: J & B MEDICAL SUPPLY CO, INC.
2. The principal office address: 50496 W Pontiac Trail, Wixom, MI 48393
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/13/2006 Document number: F06000001606
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)

   Stark, R. Keith

   267 Barefoot Beach Dr Suite 402

   Bonita Springs, FL 33162

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TALLAHASSEE, FLORIDA

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

   InCorp Services, Inc.

   17888 67th Court North

   P.O. Box NOT acceptable

   Loxahatchee, FL 33470

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

Charline Shaya, 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.

_____ for InCorp Services Inc. 10-19-10
Signature of Registered Agent Date

If signing on behalf of an entity:

Lisa Granskie on behalf of InCorp Services, Inc.
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

CR2E045 (8/05)