

F11000000848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

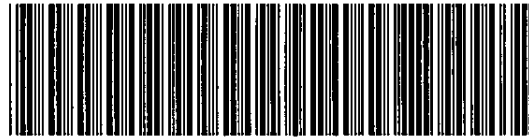
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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PA  
Change  
1-25-12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Oxford Diabetic Supply, Inc.  
Name of Corporation

DOCUMENT NUMBER: F11000000848

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:

Melanie Featherman  
Name of Contact Person

Oxford Diabetic Supply, Inc  
Firm/Company

U.S. MAIL PERMIT NO. 1000 TALLAHASSEE, FL 32301

304 Park Ave S, Ste 218  
Address

New York, NY 10010-4377  
City/State and Zip Code

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

For further information concerning this matter, please call:

Melanie Featherman at ( 800 ) 559-0639  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<b>Mailing Address:</b>	<b>Street Address:</b>
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Oxford Diabetic Supply, Inc.  
2. The principal office address: 304 Park Ave S, Ste 218  
New York, NY 10010-4317  
3. The mailing address (if different): (same)

4. Date of incorporation/qualification: 05/23/2005 Document number: F11 000000848  
LD in NY 02/23/2011 → LD to FL  
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)

NRAI Services, Inc.

515 East Park Ave

Tallahassee, FL 32301

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

Edward Letko

19333 Collins Ave, Apt 2807

P.O. Box NOT acceptable

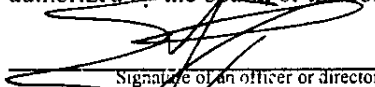
Sunny Isles Beach, FL 33160

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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

Edward Letko - President  
\_\_\_\_\_  
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

01/11/2012  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

N/A  
\_\_\_\_\_  
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)