

F12000004446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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WIAND GUERRA KING P L L C 5505 W GRAY STREET TAMPA, FL 33609 PHONE: 813 347 5100

Jeffrey C. Rizzo, CP
Direct Dial: 813-347-5123
jrizzo@wiandlaw.com

August 19, 2014

Florida Department of State
Division of Corporations
P.O. Box 6250
Tallahassee, Florida 32314

Re: Tri-Med Associates, Inc.
F12000004446

Dear Sir or Madam:

Please find enclosed find the following document related to the above-referenced corporation:

- Statement of Change of Registered Office or Registered Agent or Both for Corporations.

Please file the same. Also enclosed is a check payable to the Florida Department of State in the amount of \$35.00 representing the filing fee. Should you have any questions, please do not hesitate to contact me. Thank you very much for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'JRizzo', written over a horizontal line.

Jeffrey C. Rizzo

/jcr
Enclosures

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

1. The name of the corporation: Tri-Med Associates, Inc.
2. The principal office address: 5505 West Gray Street, Tampa, FL 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/31/2012 Document number: F12000004446
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)

Business Filings Incorporated

515 E. Park Avenue

Tallahassee, FL 32301

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

Burton W. Wiand, Receiver

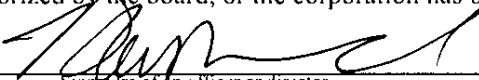
5505 West Gray Street

P.O. Box NOT acceptable

Tampa, FL 33609

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

Burton W. Wiand, Receiver

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

8/19/2014

Date

If signing on behalf of an entity:

Burton W. Wiand, Receiver

Typed or Printed Name

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