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

ACCOUNT NO. : I2000000195 REFERENCE : 431112 7391888 AUTHORIZATION : COST LIMIT : ORDER DATE: December 20, 2016 ORDER TIME : 10:05 AM ORDER NO. : 431112-165 CUSTOMER NO: 7391888 CHANGE OF AGENT NAME: MEDFIN BODHI TREE HOLDINGS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations							
MedFin Bodhi Tree Holdings, Inc.							
Name of Corporation							
DOCUMENT N	F14000001078 UMBER:						
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:							
	Valerie Hayes						
Name of Contact Person							
The ROI Companies							
Firm/Company							
1920 Greenspring Drive, Suite 200							
Address							
Timonium, MD 21093							
	City/State an	d Zip Code					
vhayes@theroi.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Valerie Hayes		at () Area Code & Daytime Telephone Number					
N	ame 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					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections nge is submitted for a to change its registe	corporation organ	iized under the la	ws of the State of	DE
1. The name of t	he corporation: MedF	in Bodhi Tree Hold	lings, Inc.		
2. The principal	office address: 201 M	ontgomery Ave			
<u></u>	Saras	ota, FL 34243			
3. The mailing a	ddress (if different):_				
4. Date of incorp	oration/qualification:	03/10/2014	Document	number: F140000	001078
5. The name and	street address of the timent of State: (If resi	current registered a	gent and register		
	CT CORPORATION	SYSTEM			
	1200 S PINE ISLAN	D RD			₹% 5
	PLANTATION, FL 3	3324			
6. The name and (if changed):	street address of the	new registered age	nt (if changed) ar	nd /or registered of	Fice SELLED
	Corporation Service	Company			TOSK TO
	1201 Hays Street				97 PA
	Tallahassee	P.O. Box NO		32301	
_	ss of its registered of be identical.				
Such change wa authorized by the	s authorized by resol e board, or the corpo	ution duly adopted tration has been no	d by its board of tified in writing	directors or by an of the change.	officer so
, -,	re of an officer or director	Cro			CHIEF FLNANCIAL OFFICER
Bv:	the appointment as roo comply with the promy duties, and I am is document is being that the corporation of Service Compa	egistered agent an ovisions of all stat familiar with and c filed merely to refl has been notified i ny	d agree to act in utes relative to to accept the obliga ect a change in t in writing of this	this capacity. the proper and contion of my position the registered office change.	nplete n as registered ce address, I
If signing on be	half of an entity: Melissa Zender St. Vica Presiden	t			

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