

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6390

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dfranklin@woodswater.com

S TALLENT
JUN 25 2018

REGISTERED AGENT CHANGE
FURNISH MEDICAL SUPPLY INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

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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: FURNISH MEDICAL SUPPLY INC.
2. The principal office address: 18731 NW US HWY 441, STE 3, HIGH SPRINGS, FL 32643
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/20/2018 Document number: F18000002903

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)

FRANKIN, DAVID18731 NW US HWY 441, STE 3HIGH SPRINGS, FL 32643

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

Registered Agents Inc.3030 N. Rocky Point Dr., STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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

David Franklin CEO

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]
Signature of Registered Agent

06-21-18

Date

If signing on behalf of an entity:

Bill Havre

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 (03/12)

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