

F1800000 3404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

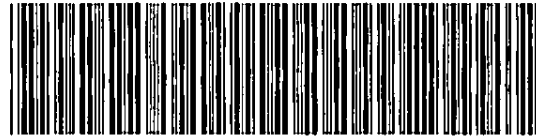
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 06 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UltiMed, Inc.
Name of Corporation

DOCUMENT NUMBER: F18000003404

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:

Jon L. Farnsworth, Esq.
Name of Contact Person
Spencer Fane, LLP
Firm/Company
100 South 5th Street, Suite 1900
Address
Minneapolis, MN 55402
City/State and Zip Code
jlfarnsworth@spencerfane.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon L. Farnsworth at 612 268-7018
Name 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
Tallahassee, FL 32301

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

1. The name of the corporation: UltiMed, Inc.
2. The principal office address: 350 Highway 7, Suite 100, Excelsior, MN 55331
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/19/2018 Document number: 200315857122

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)

Spenserv, Inc.

201 North Franklin Street, Suite 2150

Tampa, FL 33602

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

C T Corporation System

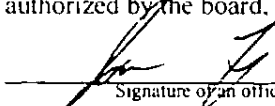
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

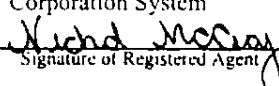

Signature of an officer or director

Jon L. Farnsworth, Attorney

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.

C T Corporation System

By: 
Signature of Registered Agent

3/12/2019

Date

If signing on behalf of an entity:

Nichol McCroy, Assistant Secretary

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

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