

8/20/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : URS AGENTS LLC
 Account Number : I20150000127
 Phone : (800)567-4397
 Fax Number : (800)567-4398

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

NRICE@honormedical.com

Email Address: _____

REGISTERED AGENT CHANGE

MEDICAL MARKETING MANAGEMENT, LTD. INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

AUG 21 2019

S. YOUNG

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL MARKETING MANAGEMENT, LTD. INC
Name of Corporation

DOCUMENT NUMBER: F18000004789

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:

Nicole Rice

Name of Contact Person

MEDICAL MARKETING MANAGEMENT, LTD. INC

Firm/Company

26261 EVERGREEN RD SUITE 450

Address

SOUTHFIELD, MI 48076

City/State and Zip Code

nrice@honormedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark, Asst. Secretary at 800 277-9977
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

CR1E043 (03/12)

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

1. The name of the corporation: MEDICAL MARKETING MANAGEMENT, LTD. INC
2. The principal office address: 26261 EVERGREEN RD SUITE 450
SOUTHFIELD, MI 48076
3. The mailing address (if different): _____
4. Date of Incorporation/qualification: 10/22/2018 Document number: F18000004789
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

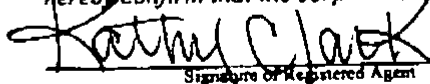


Signature of officer or director

LAWSON JONES, 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 of Registered Agent

8/20/19

Date

If signing on behalf of an entity:

Kathy Clark, Asst. 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
CR2E045 (03/12)

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