

F19 0000003059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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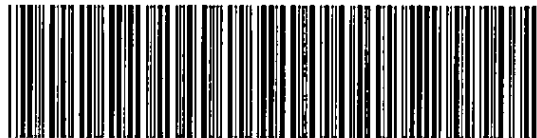
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Donorcure Inc

Name of Corporation

**DOCUMENT NUMBER:** F19000003059

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:

**Peter J. Banks**

Name of Contact Person

**Donorcure, Inc**

Firm/Company

**605 SE 1St. Ave Suite D**

Address

**Delray Beach , Florida 33444**

City/State and Zip Code

**peterbanks@donorcure.com**

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

For further information concerning this matter, please call:

**Peter J Banks**

Name of Contact Person

**716 239-9425**

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

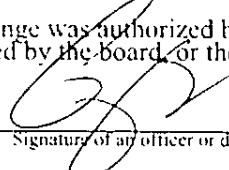
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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: Donorcure, Inc
2. The principal office address: 605 SE 1St. Ave Suite D  
Delray Beach , Florida 33444
3. The mailing address (if different): 605 SE 1 St. Ave Suite D  
Delray Beach , Florida 33444
4. Date of incorporation/qualification: 6-20-2019 Document number: F19000003059
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)  
Sergio Avraham  
4720 NW 2nd Ave D104  
Boca Raton, 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Peter J. Banks  
605 SE 1St. Ave  
P.O. Box NOT acceptable  
Delray Beach , Florida 33444

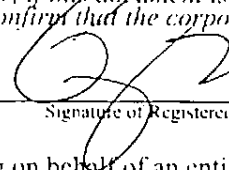
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Peter J. Banks  
\_\_\_\_\_  
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

10/14/2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Peter J. Banks  
\_\_\_\_\_  
Typed or Printed Name

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

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