

F96000005976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

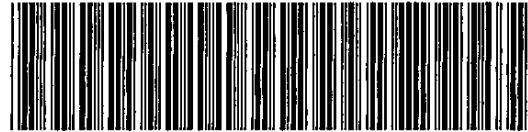
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Boe
8/15/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED ONE CAPITAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: F96000005976

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:

Marissa Ureno on behalf of Incorp Services, Inc.
(Name of Contact Person)

INCORP SERVICES, INC.
(Firm/Company)

3155 East Patrick Lane, Suite 1
(Address)

Las Vegas, NV 89120-3481
(City/State and Zip Code)

For further information concerning this matter, please call:

Marissa Ureno on behalf of Incorp Services, Inc. at (702) 866-2500
(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

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

1. The name of the corporation: MED ONE CAPITAL, INC.
2. The principal office address: 10712 South 1300 East Sandy, Utah 84094
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/15/1996 Document number: F96000005976
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI SERVICES INC.

2731 EXECUTIVE PARK DRIVE, STE 4

WESTON FL 33331 US

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

Incorp Services, Inc.

17888 67th Court North

(P.O. Box NOT acceptable)

Loxahatchee, FL 33470

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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)

JOHN W JOHNSON JR - Treasurer
(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.

 on behalf of Incorp Services, Inc.
(Signature of Registered Agent)

7-31-07
(Date)

If signing on behalf of an entity:

Incorp Services, Inc.

(Typed or Printed Name)

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