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2015 OF CORFORATIONS
2015 ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO Detaile			0 %			
TO: Registration S Division of Co		•				
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SUBJECT: Med-Ger	neral Technologies, LLC					
	(Name of L	imited Liability Company)				
			400			
TO: Registration Section Division of Corporations SUBJECT: Med-General Technologies, LLC (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Raymond L. Schumann					
	- ((Name of Person)				
Schui	mann Law Group P. A.					
	•	(Firm/Company)				
27200 Riv	verview Center Blvd. Suite 1	<u></u>				
		(Address)				
Во	nita Springs, FL 34134					
(City/State and Zip Code)						
For further information	concerning this matter, please	call:				
Danny E. Meek, 949-4529		29				
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. The mailing address of the limited liability company is: 1045 COLLIER CENTER WAY STE. 1 NAPLES FL 34110 February 27, 2004 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: PETER L. KEELEY Name	1. The name of the limite	d liability company is:	Med-General USA, LLC				
STE. 1 NAPLES FL 34110 February 27, 2004 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: PETER L. KEELEY Name 5551 RIDGEWOOD DRIVE, STE. 501 Address NAPLES, FL 34108 City, State and Zip 6. The name and address of the new registered agent and/or office: RAYMOND L. SCHUMANN 27200 Riverview Center Blvd Suite 103 Florida street address (P.O. Box NOT acceptable) Bonita Springs, FL 34134 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that he change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Asignature of a member or authorized representative of a member) ack Klootz, Managing Member Trinted or typed name of signee) 1 hereby accept the appointment as registered agent and agree to qct 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 familier with and accept the obligations of my position as registered agent as provided agent as provided adent as provided adent as provided and the immediation of my position as registered agent as provided of members of the proper and complete performance of my duties, and I am familier with and accept the obligations of my position as registered agent as provided for in Chapter 1008.	2. The mailing address of	the limited liability cor	npany is: 1045 COLLIER C	ENTER WAY			
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