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COVER LETTER

COVER LE	TTER
TO: Registration Section Division of Corporations	oility Company
SUBJECT: Ragnar Med, LC Name of Limited Liab	Dility Company
Dear Sir or Madam:	E. T.
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	llowing:
Michael Gordon Name of Person	-
Ragnar Med, LLC	-
2376 Isabella Court	_
Lakeland, FL 33805 City/State and Zip Code SLKissing a gmail. com E-mail address: (to be used for future annual report notifica	
E-mail address: (1) be used for future annual report notifica	ation)
For further information concerning this matter, please call:	
Stacey Gordon at (954) Name of Person) 937 - 3718 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	Filing Fee & Certified Copy
(NHS18 (2/14)	

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

		me of the limited liability company: Ragnar	Med.	LLC		
I.		Para Mad III	<u> </u>	Pagy	Med, LLC	
2.	(a)	RagranMed, LLC Principal office address of limited liability company:	_ (b)_		ddress of limited liab	oility company:
		(<u>Note: MUST BE STREET ADDRESS</u>)			MAY BE POST OF	
		2376 Isabella Court		2376 J	tsabella	Court
		Lakeland, FL33805		Lakelo	and, FL	33805
3.		Date of filing/registration in Florida	4.		237657	2
	6.3	I eaal Time Commonte Sorvice	es Ti	v.c.		
٥.	(a)	Legal Inc Corporate Service Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State:		
		5237 Summer Lin Come	wow.			
		Registered Office Address MUST BE FLORIDA STREET AI		· 		_
		Suite 400			73	9 (g)**
			330) . H		
		Fort Myers .FL	339	701		0
	(b)	Michael Gordon				20 HX -8 PH 12: 44
4	(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	ess:		72: 4
		Michael Gordon 2376 Isabella	C.	L		<u> </u>
				urt_		
		NEW Registered Office Address:	_			
		Lakeland, FL 338	02			
ch ag	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabered.	egistered oility com the limit imited lia	office and the bipany, it is herebed liability compositive company.	y confirmed that bany or as otherw	the registered the change(s) ise provided in
		1 (Sold of		1/1/CYC	iel Gordo I or typed name of si	<u>M</u>
		ture of a member or authorized representative of a member				
pro the to no	ovisi e obi mer tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change. If the strength of the change is the strength of the change in the registered of the change.	e to act to performan for in Ch ereby con	n ms capacity. ce of my duties. apter 605, F.S. firm that the lim	i further agree to and I am familia. Or, if this docum ited liability com	r with and accept ent is being filed pany has been
31	Enact	te or reducted tilent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00