

L40649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/19/23--01015--019 **35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedFIRST Healthcare Supply, Inc.
Name of Corporation

DOCUMENT NUMBER: 140649

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:

Kristen Ellis-Legros

Name of Contact Person

MedFIRST Healthcare Supply, Inc.

Firm/Company

2842 County Road 523, Bldg B, Unit 05

Address

Wildwood, FL 34785

City/State and Zip Code

kristen@medfirst.biz

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

** NEEDING TO UPDATE
ADDRESS FOR CURRENT
AGENT ONLY.*

For further information concerning this matter, please call:

Kristen Ellis-Legros

at (352) 242-0110
Area Code & Daytime Telephone Number

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: MedFIRST Healthcare Supply, Inc.
2. The principal office address: 2842 County Road 523, Bldg B, Unit 05, Wildwood, FL 34785

3. The mailing address (if different): P.O. Box 218, Yalaha, FL 34797

4. Date of incorporation/qualification: 01/02/1990 Document number: L40649

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)

Kristen Ellis-Legros

902 Jan Mar Court, St A

Minneola, FL 34715

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

Kristen Ellis-Legros

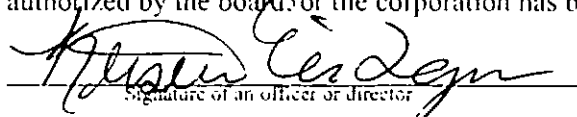
2842 County Road 523, Bldg B, Unit 05

P.O. Box NOT acceptable

Wildwood, FL 34785

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

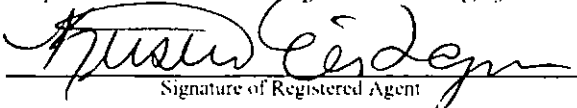
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

Kristen Ellis-Legros

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

09/14/23

Date

If signing on behalf of an entity:

Kristen Ellis-Legros

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 (04/13)