

MD3000001805



Medibroker International LLC
224 Datura Street
Suite 905-314
West Palm Beach, FL 33401

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

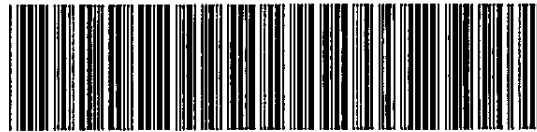
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 25, 2004

MEDIBROKER INTERNATIONAL LLC
SUITE 314
224 DATURA STREET
WEST PALM BEACH, FL 33401

SUBJECT: MEDIBROKER INTERNATIONAL, LLC
Ref. Number: M03000001805

04 JUN - 7 PM 1:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for MEDIBROKER INTERNATIONAL, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please complete sections 3, 4, and 5 of the form. Attached is a printout showing the information on our records for this LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 004A00036639

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.

1. The name of the limited liability company is: Medibroker International
2. The mailing address of the limited liability company is: 224 Datura Street, Suite 314
West Palm Beach, FL 33401
MO3000001805
3. Date of filing/registration in Florida: JUNE 3 103
4. Document number: MO3000001805

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ACCOUNT STREET / Corporation Service
Name
1201 Hays Street
Address
Tallahassee FL 32301
City, State and Zip

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RECEIVED
DIVISION OF CORPORATIONS

6. The name and address of the new registered agent and/or office:

Dominique Dumont
Name
224 Datura #314
Florida street address (P.O. Box NOT acceptable)
WPB FL 33401
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 the 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.

[Signature]
(Signature of a member or authorized representative of a member)

Dominique Dumont
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314