

N10000004297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

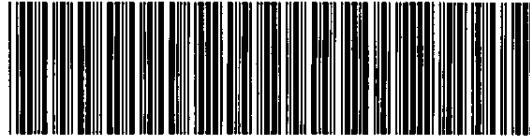
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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12/19/14--01011--012 **35.00

PAC Change

12-31-14

DC

FILED
DEC 19 PM 4:44
14

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICS ON A MISSION, INC.

Name of Corporation

DOCUMENT NUMBER: N10000004297

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:

Allison Lee

Name of Contact Person

Medics On A Mission, Inc.

Firm/Company

380 Lenox Ave, Apt 9F

Address

New York, NY 10027

City/State and Zip Code

mediconamission@gmail.com

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

For further information concerning this matter, please call:

Allison Lee

at (305)

582 6077

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

1. The name of the corporation: Medics On A Mission, Inc.
2. The principal office address: (OLD address on file) 4015 N Meridian Ave, Suite 6, Miami Beach, FL
3. The mailing address (if different): 380 Lenox Ave, Apt 9F, New York, NY 10027
4. Date of incorporation/qualification: 5/11/2010 Document number: N10000004297
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)

Current Agent on file: Allison Lee

Current Address on file: 4015 N Meridian Ave, Ste 6

Miami Beach, FL 33140

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

Current Agent (NO CHANGE): Allison Lee

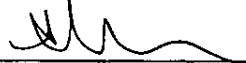
NEW address: 1101 NW 58th Terrace, Unit 405

P.O. Box NOT acceptable

Sunrise, FL 33313

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

Allison Lee, President

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

12/15/14

Date

If signing on behalf of an entity:

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 (03/12)