

17300000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

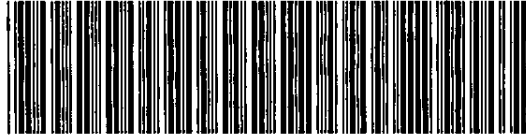
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900279400319

02/10/16--01018--016 \*\*10.00

12/17/15--01024--002 \*\*25.00

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2016 FEB 10 A 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 15 2016  
T. J. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRAVELLING MEDICAL MISSIONERS CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** N13000000720

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:

**JORDAN TYLER**

Name of Contact Person

**LEGALINC CORPORATE SERVICES INC.**

Firm/Company

**1623 CENTRAL AVE, SUITE 145**

Address

**CHEYENNE, WY 82001**

City/State and Zip Code

**JORDAN@LEGALINC.COM**

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

For further information concerning this matter, please call:

**JORDAN TYLER**

Name of Contact Person

at ( **970** ) **581-6156**

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: TRAVELLING MEDICAL MISSIONERS CORPORATION
2. The principal office address: 8090 NW 12 ST UNIT 11A  
MARGATE, FL 33063
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/23/2013 Document number: N13000000720
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)

USA-RA LLC

841 PRUDENTIAL DRIVE, 12TH FLOOR

JACKSONVILLE, FL 32207

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

LEGALINC CORPORATE SERVICES INC.

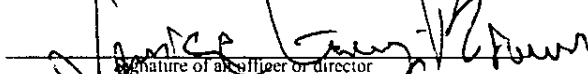
5237 Summerlin Commons Suite 400

P.O. Box NOT acceptable

Fort Myers FL 33907

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.

 JANICE FACEY-BROWN  
Signature of an officer or director 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. On, 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.*

 10/20/2015  
Signature of Registered Agent Date

If signing on behalf of an entity:

JORDAN TYLER

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

JORDAN TYLER  
1623 CENTRAL AVE STE 145  
CHEYENNE, WY 82001

SUBJECT: TRAVELLING MEDICAL MISSIONERS CORPORATION  
Ref. Number: N13000000720

We have received your document for TRAVELLING MEDICAL MISSIONERS CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 815A00026694

RECEIVED  
16 FEB -5 AM 10:51

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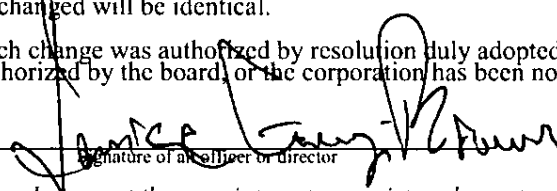
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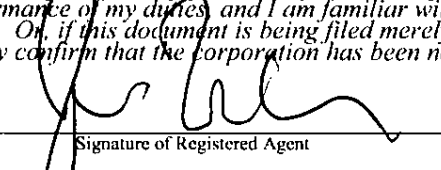
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JORDAN TYLER

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)

**FILED**  
2016 FEB 10 A 3:41  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE