

N160000000270

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gift Me Health International Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N16000000270

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:

Dr. Nakisha Kinlaw

Name of Contact Person

Gift Me Health International Inc.

Firm/Company

638 6th Street

Address

West Palm Beach FL 33401

City/State and Zip Code

giftmehealthinternational@gmail.com

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

For further information concerning this matter, please call:

Dr. Nakisha Kinlaw

Name of Contact Person

at ( 561 ) 516-4287

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

1. The name of the corporation: Gift Me Health International Inc.
2. The principal office address: 638 6th Street West Palm Beach, FL 33401
3. The mailing address (if different): 410 NW 16th Ave Boynton Beach, FL 33435
4. Date of incorporation/qualification: 01/08/2016 Document number: N16000000270
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)

Dr. Nakisha Kinlaw

638 6th Street

West Palm Beach, FL 33401

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

Dr. Nakisha Kinlaw

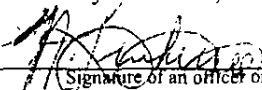
301 Clematis Street Suite 3000

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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

Nakisha Kinlaw

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

2/03/2016

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)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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