

N160000007411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

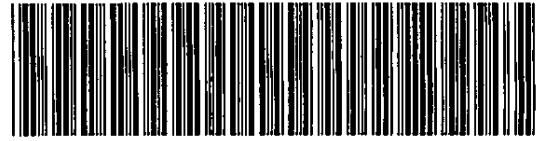
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Institute of Cruise Ship Medicine
Name of Corporation

DOCUMENT NUMBER: N16000007411

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:

Steve Williams

Name of Contact Person

Institute of Cruise Ship Medicine

Firm/Company

1041 NE 204th Terrace

Address

Miami, Florida 33179

City/State and Zip Code

stevewcfrn@bellsouth.net

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

For further information concerning this matter, please call:

Steve Williams

Name of Contact Person

305 970 3005

at () 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: Institute of Cruise Ship Medicine

2. The principal office address: 1041 NE 204th Terrace, Miami, Florida 33179

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7.28.2016 Document number: N1600007411

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)

United States Coporation Agents Inc

13302 Winding Oaks Blvd, Suite A

Tampa, Florida 33612

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

Steve Williams

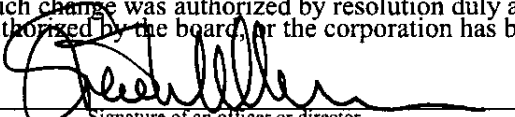
1041 NE 204th Terrace

P.O. Box NOT acceptable

Miami, Florida 33179

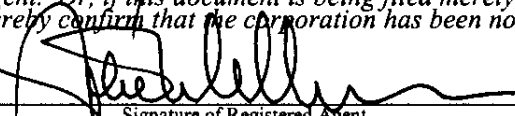
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

STEVE WILLIAMS
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

12/21/2016
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

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