

N21000013183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

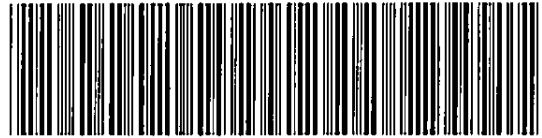
(Business Entity Name)

(Document Number)

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05/23/21--01005--010 **35.00

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2024 MAY 23 PM 3:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLSTICIO MEDICAL SERVICES
Name of Corporation

DOCUMENT NUMBER: N21000013183

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:

Danielle Lucien, MD

Name of Contact Person

Firm/Company

175 Toney Penna Dr # 201

Address

Jupiter, FL 33458

City/State and Zip Code

luzcare@aol.com

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

For further information concerning this matter, please call:

Danielle Lucien, MD

Name of Contact Person

at (561) 782-1333

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32314

Tallahassee, FL 32303

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: SOLSTICIO MEDICAL SERVICES Inc
2. The principal office address: 2144 West Atlantic Ave #1
Delray Beach Florida 33445
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 11/11/2021 Document number: N 21000013183
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)

RESIGNED

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

DANIELLE LUCIEN

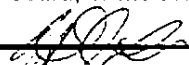
2144 West Atlantic Ave #1

P.O. Box NOT acceptable

Delray Beach FL

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

Danielle Lucien, MD, 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

05/16/2024

Date

If signing on behalf of an entity:

n/a

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 (04/13)

FILED
2024 MAY 23 PM 3:11
TALLAHASSEE, FLORIDA
DIVISION OF STATE