## P0000007/434

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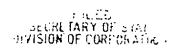
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SECRETARY OF STATES OF CORPORATIVE



## • COVER LETTER



TO:

Amendment Section **Division of Corporations** 

2818 JUN 22 AM 11: 28

SUBJECT: CollaborateMD, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P00000071434		

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:

## Douglas Kegler Name of Contact Person

Firm/Company

111 N Magnolia Ave Ste 1100

Address

Orlando, FL 32801

City/State and Zip Code

douglas.kegler@collaboratemd.com

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

For further information concerning this matter, please call:

Douglas Kegler

Name of Contact Person

at (407 )404-5300
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

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508. Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.
1. The name of (	the corporation: CollaborateMD,	Inc.
2. The principal	office address: 111 N Magnolia	Ave Ste 1100, Orlando, FL 32801
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 07/26/2000	Document number: P00000071434
	I street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)
	Douglas Kegler	
	225 E Robinson St Ste 145	
	Orlando, FL 32801	JOHN OF TA
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered office
	Douglas Kegler	
Ł.	111 N Magnolia Ave Ste 1100	
	Orlando, FL 32801	T acceptable
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.
Signatur	re of an officer or director	Douglas Kegler, CEO Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered Tect a change in the registered office address, 1
	DAY/C	May 21, 2018
2	naufe of Replaced Agent half of an entity:	Date
T	yped or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*