

PD10000 48429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 08 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medgluv Inc.
Name of Corporation

DOCUMENT NUMBER: P01000048429

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:

Michael Berger, Esq.

Name of Contact Person

Carpenter & Berger, PL

Firm/Company

101 NE 3rd Avenue, Suite 1500

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

mberger@carpenterberger.com

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

For further information concerning this matter, please call:

Michael Berger, Esq.

Name of Contact Person

at (954) 772-0127

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: Medgluv Inc.
2. The principal office address: 5607 Hiatus Road, Suite 200, Tamarac, FL 33321
3. The mailing address (if different): Same.
4. Date of incorporation/qualification: 05/15/2001 Document number: P01000048429
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)

Sharon Picolo

111 N. Pine Island Road, Suite 205

Plantation, FL 33324

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

Michael Berger, Esq.

101 NE 3rd Avenue, Suite 1500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

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.

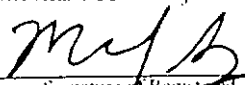


Signature of an officer or director

Jerry Leong, CEO

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

1/3/2019

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 (04/13)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA