

POI 0000 76789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pembroke Pines MRI, Inc

Name of Corporation

DOCUMENT NUMBER: P01000076789

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:

Howard Dekkers

Name of Contact Person

Pembroke Pines MRI, Inc

Firm/Company

102 NE 2nd Street #151

Boca Raton FL 33432

City/State and Zip Code

howarddekkers@gmail.com

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

For further information concerning this matter, please call:

Howard Dekkers

Name of Contact Person

at (954) 2634972

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: Pembroke Pines MRI, Inc
2. The principal office address: 102 NE 2nd St Suite 1451 Boca Raton FL 33432

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/31/2001 Document number: P01000076789

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)

NRAI Services

1200 S Pine Island Road

Plantation FL 33324

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

~~Pembroke Pines MRI, Inc.~~ Howard Dekkers

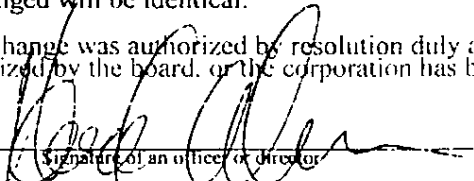
102 NE 2nd St Ste 151

P.O. Box NOT acceptable

Boca Raton FL 33432

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

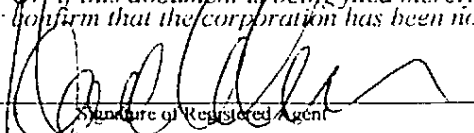
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Howard Dekkers

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

08/27/2019

Date

If signing on behalf of an entity:

Howard Dekkers

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)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS