

PO2000067059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

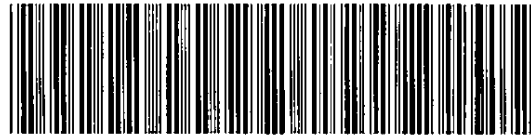
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 26 PM 1:05

STATE OF CALIFORNIA
CLERK OF SUPERIOR COURT

JUL 06 2017

Ra Chang

D. C. CHANG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CPAP MEDICAL SUPPLIES AND SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P02000067059

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:

CHRISTOPHER HERMS
Name of Contact Person
CPAP MEDICAL SUPPLIES AND SERVICES
Firm/Company
8930 WESTERN WAY STE 4
Address
JACKSONVILLE, FL 32256
City/State and Zip Code
CHRIS@CPAPMEDICAL.COM
E-mail address: (to be used for future annual report notification)

17 JUN 2006 PM 1:06
STATE OF FLORIDA
DIVISION OF CORPORATIONS
RECEIVED

For further information concerning this matter, please call:

CHRISTOPHER HERMS at (**904**) **654-3200**
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CPAP MEDICAL SUPPLIES AND SERVICES, INC
2. The principal office address: 8930 WESTERN WAY STE 4, JACKSONVILLE, FL 32256

3. The mailing address (if different): _____

4. Date of incorporation/qualification: JUNE 18, 2002 Document number: P02000067059

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)

PIERCE, ROBERT W

8930 WESTERN WAY STE 4

JACKSONVILLE, FL 32256

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

CHRISTOPHER HERMS

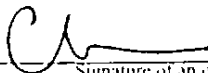
8930 WESTERN WAY STE 4

P.O. Box NOT acceptable

JACKSONVILLE, FL 32256

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

CHRISTOPHER HERMS, COO

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

06/21/2017

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 (05/12)

17 JUN 25 PM 1:06
RECEIVED
DIVISION OF CORPORATIONS