

PO2000070352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

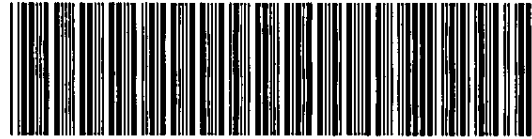
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 PM 3:35

C.L.
12-23-14



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400,
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: December 16, 2014

Order#: 409460/001

Re: AM-MED DIABETIC SUPPLIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: AM-MED DIABETIC SUPPLIES, INC.
2. The principal office address: 5180 W. Atlantic Avenue, Suite 107
Delray Beach, FL 33484
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/26/2002 Document number: P02000070352
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)
Soblick, David
5180 W. Atlantic Avenue, Suite 107
Delray Beach, FL 33484
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee P.O. Box NOT acceptable FL 32301

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

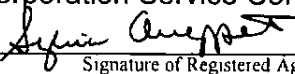
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____
Signature of an officer or director

Dona Priebe _____
Printed or typed name and title

Vice President

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.

Corporation Service Company
 _____
Signature of Registered Agent

12/10/2014 _____
Date

If signing on behalf of an entity:

Sylvia Queppet Assistant Vice President
Typed or Printed Name

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