

P020000085.138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RA address  
Change

08/25/14--01048--001 \*\*35.00

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21 SEP 10 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OR  
9/10/14

\*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2014

James Warsager  
Rembrandt Mobile Diagnostics Inc.  
5555 N. Federal Highway #232  
Ft. Lauderdale, FL 33308

SUBJECT: REMBRANDT MOBILE DIAGNOSTICS, INC.  
Ref. Number: P02000085138

We have received your document for REMBRANDT MOBILE DIAGNOSTICS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the registered agent change form either as the officer and/or registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 614A00018651

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rembrandt Mobile Diagnostics, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P02000085138,

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:

**James Warsager**

Name of Contact Person

**Rembrandt Mobile Diagnostics, Inc.**

Firm/Company

**5555 N. Federal Highway #232**

Address

**Fort Lauderdale, FL 33308**

City/State and Zip Code

**jwarsager@gmail.com**

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

For further information concerning this matter, please call:

**James Warsager**

Name of Contact Person

at **(754) 423-0207**

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

**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: Rembrandt Mobile Diagnostics, Inc.
2. The principal office address: 5555 N. FEDERAL HIGHWAY SUITE 232  
FORT LAUDERDALE, FL 33308
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 08/06/2002 Document number: P02000085138,

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)

JAMES WARSAGER  
2717 W. CYPRESS CREEK RD #800  
FORT LAUDERDALE, FL 33309

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

JAMES WARSAGER  
5555 N. FEDERAL HIGHWAY SUITE 232  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33308

FILED  
SEP 10 PM 12:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

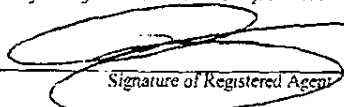
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

James Warsager, President  
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

8/21/2014  
Date

If signing on behalf of an entity:

James Warsager, President  
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)