

P03000016351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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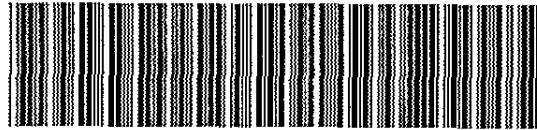
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABSOLUTE OXYGEN + Medical, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000016351

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:

Robin Paquette  
(Name of person)

ABSOLUTE OXYGEN + Medical, Inc  
(Name of firm/company)

140 D W. Sportsman PT.  
(Address)

IN Verness, FL. 39453  
(City/state and zip code)

For further information concerning this matter, please call:

Robin Paquette at ( 352 ) 637-3291  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABSOLUTE OXYGEN & MEDICAL INC.  
2. The principal office address: 140 D N. SPORTS VILLAGE PT  
INVERNESS, FL 34450  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: FEBRUARY 5, 2008 Document number: P0300016351

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Wayne Paquette  
9918 E. ST. REGIS CT.  
INVERNESS, FL 34450

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

Robin Paquette  
9918 E. ST. REGIS CT.  
(P.O. Box or personal mailbox NOT acceptable)  
INVERNESS, FL 34450

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.

Wayne Paquette  
(Signature of an officer, chairman or vice chairman of the board)

WAYNE PAQUETTE Pres.  
(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.

Robin Paquette  
(Signature of Registered Agent)

3/27/08  
(Date)

If signing on behalf of an entity:

Robin Paquette  
(Typed or Printed Name)

Pres.  
(Capacity)

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