P3000 25769

•	(Requestor's Name)					
•	(Address)					
-	(Address)					
•	(City/State/Zip/Phone #)					
 .	PICK-UP WAIT MAIL					
-	(Business Entity Name)					
•	(Document Number)					
(Certified Copies Certificates of Status					
	Special Instructions to Filing Officer:					

Office Use Only



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November 14, 2011

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Connectyx Technologies Corp. Medflash International Corporation

Dear Filing Officer:

Please file the attached Statement of Change for the referenced companies. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Schroeder Client Specialist

Encl.



November 29, 2011

JOY SCHROEDER NRAI CORPORATE SERVICES 16055 SPACE CENTER BLVD., SUITE 235 HOUSTON, TX 77062

SUBJECT: CONNECTYX TECHNOLOGIES CORP.

Ref. Number: P03000025769

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

THE FORM SUBMITTED IS TO CHANGE THE REGISTERED AGENT FOR AN ALIEN CORPORATION. THE ABOVE ENTITY IS A FLORIDA DOMESTIC CORPORATION.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 311A00026739

Karen Gibson Document Specialist Supervisor

www.sunbiz.org

COVER LETTER

Division o	f Corporations			
SUBJECT:	Connectyx Technology	ogies Corp.		
	Connectyx Technology Name of Corp.	poration		
DOCUMENT NU	MBER: P0300	00025769		
The enclosed State	ment of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all co	rrespondence concerning this matter to	the following:		
	Joy Schro Name of Conta	peder		
	Name of Conta	ct Person		
	NRAI Corporate	e Services		
	Firm/Com	pany		
	16055 Space Center	Blvd., Suite 235		
16055 Space Center Blvd., Suite 235 Address				
	Houston, TX	77062 Zip Code		
	City State and I	Lip Code		
	ronn@connec	tyx.com		
	E-mail address: (to be used for futu	re annual report notification)		
For further informa	tion concerning this matter, please call	:		
	Joy Schroeder	at (800) 862-5438 Area Code & Daytime Telephone Number		
Nan	ne of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.0	0 check made payable to the Departme	ent of State.		
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee FL 32314	2661 Executive Center Circle		

RS

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submit	sections 607,0502, 617,0502, ited for a corporation organize is registered office or registere	ed under the laws of the Sta	ite of Florida		
1. The name of the corporation	on: Connectyx Techno	ologies Corp.			
2. The principal office addres	s; 850 N.W. Federal Hw	y., Suite 411, Stuart, F	FL 34994		
3. The mailing address (if diff	ferent):				
4. Date of incorporation/quali	ification: 03/04/2003	Document number:	P03000025769		
	ss of the current registered age e: (If resigned, enter resigned)		file with the		
Spiegel &	Utrera, P.A.				
1840 SW 22nd St., 4th Floor					
Miami, FL	33145				
6. The name and street addres (if changed):	ss of the new registered agent	(if changed) and for register	red office		
NRAI Se	ervices, Inc.		<u> </u>		
515 East	Park Avenue:	uccepti nble	E B		
7-11-1-		ucceptuble	IAR VSS		
The street address of its regi as changed will be identical.	see, FL 32301 stered office and the street action by resolution duly adopted like corporation has been noti	ddress of the business office	by an office		
authorized by the board, or t	ne corporation has been not				
Signature of an officer or	director	Printed or typed nar	n, President ne and title		
of my didiac and Lam ford		23112110 231 8111 22431111111111 735 745	visieren agent. Or. ii inis		
If signing on behalf of an en	tity:				
Joy Schroeder, As					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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