

P04 000060/25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 OCT 29 PM 4:54

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Excellent Home Medical Equipment Corp
Name of Corporation

DOCUMENT NUMBER: PO4000060125

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:

ALEXANDER DOBARGANES
Name of Contact Person

X [Signature]
Firm/Company

9961 SW 142 AVE
Address

MIAMI FL 33186
City/State and Zip Code

SERGIO@PHARMA LIFE SOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO ROJAS at (305) 382 0116
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Excellent Home Medical Equipment Corp.
2. The principal office address: 9961 SW 142 AVE Miami FL 33186
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 9/4/2009 Document number: PO4000060125
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)

ALEXANDER DOBARGANES
17575 SOUTH DIXIE HWAY PALMETTO BAY
FL 33157

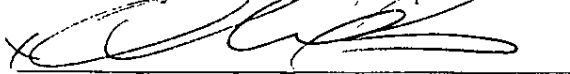
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEXANDER DOBARGANES
9961 SW 142 AVE Miami FL 33186
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT 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

ALEXANDER DOBARGANES / 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

10/15/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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