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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : GREENBERG TRAUIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 955-7600  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MMAGUIRE@ADWDIABETES.COM

REGISTERED AGENT CHANGE  
MDM BUSINESS VENTURES, INC.

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Corporate Filing Menu

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March 8, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MDM BUSINESS VENTURES, INC.  
2501 NW 34TH PLACE  
SUITE 35  
POMPANO BEACH, FL 33069US

SUBJECT: MDM BUSINESS VENTURES, INC.  
REF: P05000035297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H17000063719  
Letter Number: 417A00004407

**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: MDM Business Ventures, Inc.
2. The principal office address: 2501 NW 34th Place, Suite 35  
Pompano Beach, FL 33069
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/08/2005 Document number: P05000035297

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)

Michael Maguire

435 NE 5th Court

Boca Raton, FL 33432

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

Michael Maguire

2501 NW 34th Place, Suite 35

P.O. Box NOT acceptable

Pompano Beach, FL 33432

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 officer or director

Michael Maguire, 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

March 7, 2017

Date

If signing on behalf of an entity:

Michael Maguire

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

CR28045 (03/12)

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