

P05000084439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

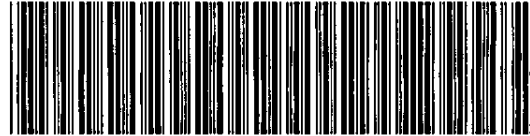
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100280201201

RA
Change

12/30/15--01015--006 **35.00

FILED
15 DEC 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 05 2016

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Environmental MD, Inc.

Name of Corporation

DOCUMENT NUMBER: P05000084439

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:

Girard Mitchell

Name of Contact Person

Environmental MD, Inc.

Firm/Company

PO Box 773537

Address

Ocala, FL 34477

City/State and Zip Code

girard@environmental-md.com

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

For further information concerning this matter, please call:

Girard Mitchell

Name of Contact Person

at (352) 861-0067

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: Environmental MD, Inc.
2. The principal office address: 525 NW 48th Terrace, Ocala, FL 34482
3. The mailing address (if different): PO Box 773537, Ocala, FL 34477

4. Date of incorporation/qualification: 06/15/2005 Document number: P05000084439

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)

Girard Mitchell

5507 Monte Fino CT.

Lake Worth, FL 33463

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

Girard Mitchell

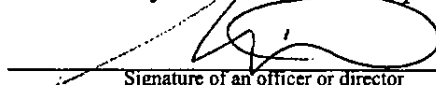
525 NW 48th Terr

P.O. Box NOT acceptable

Ocala, FL 34482

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.

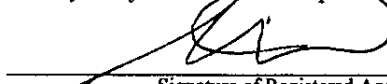


Signature of an officer or director

Girard Mitchell, 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

December 28, 2015

Date

If signing on behalf of an entity:

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