

PO5000 127 922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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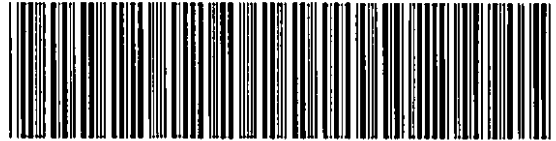
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAYSIDE Medical Supply Co., inc  
Name of Corporation

**DOCUMENT NUMBER:** P05000127922

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:

Reginald J. Nickson, Sr

Name of Contact Person

BAYSIDE Medical Supply Co., Inc

Firm/Company

3924 W. Palmetto Street

Address

Tampa, FL 33607-2448

City/State and Zip Code

baysidemedicalsci@gmail.com

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

For further information concerning this matter, please call:

Reginald J. Nickson, Sr

Name of Contact Person

at ( 813 )

361-9667

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 15 2015  
AM 11:58

**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: BAYSIDE Medical Supply Co., Inc
2. The principal office address: 3924 W. Palmetto Street, Tampa, FL 33607-2448
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 01 July 1990 Document number: P05000127922
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)

Reginald J. Nickson, Sr

3924 W. Palmetto Street

Tampa, FL 33607-2448

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

Reginald James Nickson

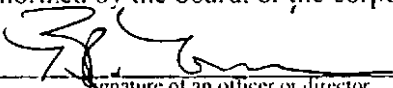
3924 W Palmetto Street

P.O. Box NOT acceptable

Tampa, FL 33607-2448

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

Reginald J. Nickson, Sr

\_\_\_\_\_  
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

13 April 2020

\_\_\_\_\_  
Date

If signing on behalf of an entity:

BAYSIDE Medical Supply Co., Inc

\_\_\_\_\_  
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  
CR2E045 (04/13)

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