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#### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : BANOS, ALVAREZ & GARCIA, P.A.

Account Number: I20070000098

Phone : (305)856-6626

Fax Number

: (305)856-6628

#### REGISTERED AGENT CHANGE

YAKO MEDICAL EQUIPMENT & SUPPLIES, INC.

Certificate of Status Certified Copy 0 Page Count 01 \$35.00 Estimated Charge

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11/08/07

### (((H070002755403)))

## 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: YAKO MEDICAL EQUIPMENT & SUPPLIES, INC.  2. The principal office address: 5584 NW 7 STEEET
2. The principal office address: 5584 NW 7 Steet
MIAMI, FL 33126
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/19/2006 Document number: P0600008332
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARTIN, ELIETTE
73/0 SW 9 St
MARTIN, ELIETTE  7310 SW 9 St  MIAMI, FL 33144
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **RODRIGUEZ, ELIETTE**  33
RODRIBUEZ, ELIETTE SE S
MODRIBUEZ, ELIETTE 35584 NW 7 St (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)  MIAMI FL 33126
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.
Commissional Control President (Printed or typed frame 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.
Collection of the Collection o
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)