

PO60000046604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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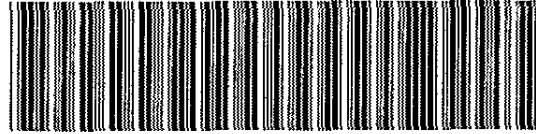
(Business Entity Name)

(Document Number)

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06 SEP -5 AM 10:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts SEP-06 2006

**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: Arce Medical Supplies, INC.  
2. The principal office address: 10400 NW 33rd Suite 270  
Doral FL 33172  
3. The mailing address (if different): same  
4. Date of incorporation/qualification: 3/30/06 Document number: P06000074604

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Arley Ceballo  
8635 NW 8th #715  
Miami FL 33126

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

Alcibiades Sierra-Alonso  
10400 NW 33rd Suite 270  
Doral, FL 33172  
(P.O. Box NOT acceptable)

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]  
(Signature of an officer or director)

Arley Ceballo Agent/Pres.  
(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]  
(Signature of Registered Agent)

8/30/06  
(Date)

If signing on behalf of an entity:

Alcibiades Sierra-Alonso  
(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 (8/05)