

POB 000 102 526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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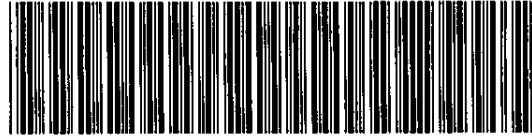
(Business Entity Name)

(Document Number)

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2016 NOV -1 AM 12:00
CLERK OF DISTRICT COURT
ALABAMA

NOV 02 2015
C. CARROTHERS

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 FLOR: Doc in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Andreson Breathing Systems Inc
2. The principal office address: 1100 Barnett Drive #19
Lake Worth, FL 33461
3. The mailing address (if different): SOAR
4. Date of incorporation/qualification: _____ Document number: PO600102520
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)

Resigned

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

William H. Delp II
1100 Barnett Drive #19
Lake Worth, FL 33461

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.

William H. Delp II
Signature of an officer or director

William H. Delp II
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.

William H. Delp II
Signature of Registered Agent

10/25/16
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

2016 NOV - 1 AM 12:00
TALLAHASSEE, FLORIDA

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