

P06000127543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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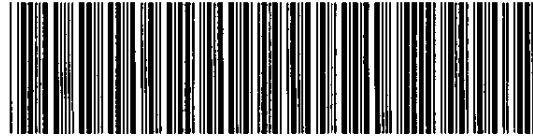
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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FEB 22 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P06000127543

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:

**SUSAN T. VEAUDRY**

Name of Contact Person

**SPACE COAST DIABETIC SUPPLIES, INC**

Firm/Company

P.O. BOX 688

Address

SHARPE S, FL. 32959

City/State and Zip Code

**SVEAUDRY@TOTALCAREMEDICALSUPPLY.COM**

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

For further information concerning this matter, please call:

**SUSAN T. VEAUDRY**

Name of Contact Person

at ( **321** ) **362-8912**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2012

SUSAN T VEAUDRY  
SPACE COAST DIABETIC SUPPLIES, INC.  
PO BOX 688  
SHARPES, FL 32959

SUBJECT: SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC.  
Ref. Number: P06000127543

We have received your document for SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The new registered agent name must be listed on number 6 on the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 612A00027846



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2012

SUSAN T VEAUDRY  
SPACE COAST DIABETIC SUPPLIES, INC.  
PO BOX 688  
SHARPES, FL 32959

SUBJECT: SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC.  
Ref. Number: P06000127543

We have received your document for SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The new registered agent name must be listed on number 6 on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 612A00027846

**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: SPACE COAST DISCOUNT DIABETIC SUPPLIES, INC.
2. The principal office address: 3720 CURTIS BLVD SUITE 104  
COCOA, FL 32927
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/05/2006 Document number: P06000127543
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)  
Linda Myers  
3720 CURTIS BLVD, SUITE 104  
COCOA, FL 32927
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Linda Myers \*  
3505 NORTH BOBBIE LANE UNIT F68  
TITUSVILLE, FLORIDA 32780

P.O. Box NOT acceptable

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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.

Susan T Veaundry  
Signature of an officer or director

SUSAN T VEAUDRY 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.*

Linda Myers  
Signature of Registered Agent

10/23/2012  
Date

If signing on behalf of an entity:

Linda Myers  
Typed or Printed Name

*\* added above*

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