

P060000/35058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

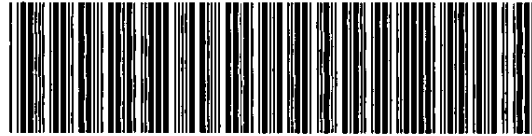
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

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ROBERT E. BONE JR. P.A.
ATTORNEY AT LAW

701 West Main Street
Leesburg, Florida 34748
Phone. 352-315-0051
Fax. 352-326-0049

September 17, 2008

Division of Corporations
ATTN: Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

RE: MDR COMPUTERS, INC.
DOCUMENT NUMBER: P06000135058

Dear Sir or Madame:

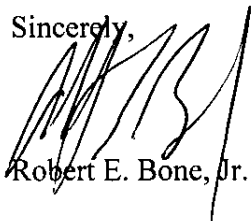
Enclosed please find a Cover Letter and a Statement of Change of Registered Office or Registered Agent or Both For Corporations for filing for the above-named Corporation.

Also enclosed is a cover letter with two separate Resignations as officers for filing for the above-named Corporation.

Last of all, enclosed is our firm check in the amount of \$105.00, representing the \$35.00 fee for the Statement of Change of Registered Agent, as well as \$35.00 each for filing the Resignations of the two officers.

If you have any questions, please do not hesitate to call me.

Sincerely,



Robert E. Bone, Jr.

REB:mlr

Enclosures

cc: Client

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MDR COMPUTERS, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000135058

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:

ROBERT E BONE JR
(Name of Contact Person)

ROBERT E BONE JR PA
(Firm/Company)

701 W MAIN STREET
(Address)

LEESBURG, FLORIDA, 34748
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E BONE JR at (352) 315-0051
(Name of Contact Person) (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

**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: MDR COMPUTERS, INC
2. The principal office address: 2500 S. BAY STREET, SUITE 4, EUSTIS, FLORIDA 32726
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/24/2006 Document number: P06000135058
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARK FURMAN

34243 ISLAND DRIVE

LEESBURG, FLORIDA, 34788

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

JOHN OHLWILER

2500 S. BAY STREET, SUITE 4, EUSTIS, FLORIDA 32726

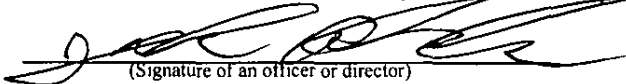
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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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.

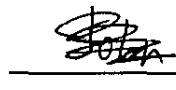
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

John Ohlwiler
(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)

 9/12/2008
(Date)

If signing on behalf of an entity:

John Ohlwiler
(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)