

PO 7000 099025

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

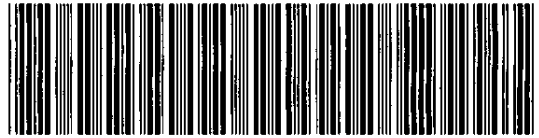
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-Add
Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
Name of Corporation

DOCUMENT NUMBER: PO7000099025

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:

OLIVER LOVEC, PRES.
Name of Contact Person

MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
Firm/Company

273 REX PLACE, UNIT 4
Address

MADEIRA BEACH, FL. 33708-1927
City/State and Zip Code

mvid2007@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVER LOVEC, PRES. at (727) 415-5989
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: MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
2. The principal office address: 273 REX PLACE, UNIT G
MADEIRA BEACH, FL, 33708-1927
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 9/5/2007 Document number: P07000099025

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)

LOVEC, OLIVER

7550 128TH STREET

SEMINOLE, FL, 33776

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

LOVEC, OLIVER

273 REX PLACE, UNIT G

P.O. Box NOT acceptable

MADEIRA BEACH, FL, 33708-1927

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.

Oliver Lovec, PRES.
Signature of an officer or director

OLIVER LOVEC, 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.

Oliver Lovec
Signature of Registered Agent

AUGUST 22, 2009
Date

If signing on behalf of an entity:

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)

2009 AUG 27 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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