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(Requestor's Name)
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SECREBER TOWKE

O SIMMONS FEB 21 2020 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	I2000000195				
REFERENCE : 105303 813384	7				
AUTHORIZATION : Lovel of and	,				
COST LIMIT : \$ 35.00					
ORDER DATE : December 17, 2019					
ORDER TIME : 3:01 PM					
ORDER NO. : 105303-010					
CUSTOMER NO: 8133847					
CHANGE OF AGENT					
NAME: MEDELIA INC.	r _S				
	Û F				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	20 ਜਵਕ 2ਹ				
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CONTACT PERSON: Kadesha Roberson EXT#					
FXAMINED.					

<u>STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH</u> FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation or r to change its registered office or t	organized under the lav	ws of the State of			
1. The name of t	he corporation: MEDELIA INC.					
	office address: 3709 NE 214th St	Aventura, FL 33180				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/15/2007	Document	number: P07000	124160		
	I street address of the current registor tment of State: (If resigned, enter re		ed office on file w	FEB 20		
	Jeffrey G. Klein					
	301 Yamato Road, Suite 1240			1 8: 54 3 AVI		
	Boca Raton,	FL	33431			
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	d /or registered of	fice _		
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301	_		
The street addre	ess of its registered office and the sobe identical.	street address of the bu	isiness office of i	ts registered agent,		
Such change was authorized by th	is authorized by resolution duly ad the board, or the corporation has be	lopted by its board of central notitied in writing of	directors or by an of the change.	officer so		
	spatiare of an object of director	Gregory Smalte	er ied or typed name and ti	CFO		
I hereby accept I further agree to of my duties, an document is bei corporation by By I hereby accept accept author By I hereby accept accept author accept acce	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been nowfied in writing of this ch Service Company Asst. Vice Pres	erson 🐧 l 🔉	this capacity. The proper and consistere as registere address, I here	nplete performance d agent. Or, if this by confirm that the		
Sign	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Kadesy	na kaberson red or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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