P08000016168

(Re	questor's Name)	·
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Priority Diabetes Supply, Inc. (Name of Co.)	orporation)
DOCUMENT NUMBER: P08000016168	
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:
William (Name of Con	F. Lanni tact Person)
Priority Diabe (Firm/Con	tes Supply, Inc mpany)
185 E Indiantowi (Addre	n Road, Suite 110 ess)
Jupiter (City/State and	FL 33477 d Zip Code)
For further information concerning this matter, please ca	all:
William F Lanni (Name of Contact Person)	at (561) 747-0507 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departr	ment 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, the statement of change is submitted for a corporation organized under the laws of the State of		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Priority Diabetes Supply, Inc		···········
2. The principal office address: 185 E Indiantown Road, Jupiter FL 33477		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 2/12/2008 Document number: P08000016168	3	
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)		
William F. Lanni	0	
320 High Tide Drive Suite 101	09 MAR	
St Augustine Beach, FL 32080	2	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): William F. Lanni	PM 12: 4	
William F. Lanni		
185 E Indiantown Road, Suite 110 (P.O. Box NOT acceptable)		
Jupiter FL 33477		
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ed age	nt,
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 F. Lan i PRECIDENT (Printed or typed name and lifte)	<u> </u>	_
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formar Or, if t n that t	ıce his he
W.O. (Signature of Registered Agent) 2. 24. 9 (Date)		_
(Signature of Registered Agent) (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