

PD8000032571

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SECTION OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANOTTE MDS INC
Name of Corporation

DOCUMENT NUMBER: P08000032571

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:

GREG CATALANOTTE
Name of Contact Person

LANOTTE MDS INC.
Firm/Company

1902 SW 83rd CT
Address

GAINESVILLE, FL 32607
City/State and Zip Code

LANOTTEMDS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG CATALANOTTE at (352) 361-5764
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

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RECEIVED
DIVISION OF CORPORATIONS
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: LANOTTE MDS INC.
2. The principal office address: 1902 SW 83rd CT GAINESVILLE, FL 32607
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 03/28/2008 Document number: P08000032571
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)

BRANDI CATALANOTTE
1902 SW 83rd CT
GAINESVILLE, FL 32607

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

BRANDI CATALANOTTE
7929 SW 42nd TER
P.O. Box NOT acceptable
GAINESVILLE, FL 32608

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.

Greg Catalanotte
Signature of an officer or director

GREG CATALANOTTE CEO
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.

Brandi S Catalanotte
Signature of Registered Agent

Brandi S Catalanotte
Date

If signing on behalf of an entity:

8-7-17

Typed or Printed Name

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