

P08 000 089 852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

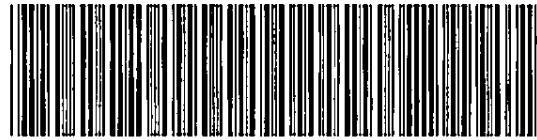
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA & RO change

10/18/22--01017--021 \*\*35.00

2022 OCT 18 PM 12 42

FILED

A. RAMSEY

JAN 17 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Madrelle Global Medical Billing Consultants Inc  
Name of Corporation

**DOCUMENT NUMBER:** P08000089852

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:

### Hive Law

Name of Contact Person

Madrelle Global Medical Billing Consultants Inc

Firm/Company

5505 W Chandler Blvd Ste 5

Address

Chandler AZ 85226

City/State and Zip Code

renewals@hive.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Robinson

Name of Contact Person

at ( 480 ) 801-9393

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Madrelle Global Medical Billing Consultants Inc

2. The principal office address: 6586 Hypoloxo Rd #268 Lake Worth FL 33467

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/2/2008 Document number: P08000089852

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)

Rachelle Desrosiers

6586 Hypoloxo Rd #268

Lake Worth FL, 33467

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

Registered Agents Inc.

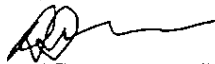
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

Rachelle Desrosiers

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

Date

If signing on behalf of an entity:

Bill Havre

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 (04/13)