

| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT | MAIL |
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| (Business Entity Name) | |
| • | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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R. White

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Performance Medical Corporation Name of Corporation |
| DOCUMENT NUMBER: P1000021839 |
| 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: |
| Dennifer Zucker Name of Contact Person |
| Performance medical corp |
| 21175 LA Vista Cir Address |
| BOCA RATON, Fl 33428 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (50) (003-7024 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Street Address: Amendment Section |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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. |
| The American Madical Comments |
| 1. The name of the corporation: Terror Wand Medica (5700010) |
| 2. The principal office address: 2175 A VISO CIV |
| BOXA RATON, FI 33428 |
| 3. The mailing address (if different): |
| SAME |
| 4. Date of incorporation/qualification: 3/10/2010 Document number: P10000021830 |
| 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) |
| Llaud Zucker |
| 21175 LA VISTO CIR |
| BOCA RATON, FL 33428 |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed) |
| (1. 0.1 |
| Jenniter Zucker |
| 21175 LA vista Cir |
| P.O. Box NOT acceptable ROAD DATENTED TO THE TOTAL PROPERTY OF THE PROPERTY O |
| DUA BATION, IT 35428 |
| 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 |
| 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 Signature of Registered Agent Dennifer Zucker 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