

P10006056232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 2

Special Instructions to Filing Officer:

Office Use Only



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11 DEC 12 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC
12/13



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

December 7, 2011

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Connectyx Technologies Corp. & Medflash International Corporation

Dear Filing Officer:

Please file the attached Change of Agents for the referenced companies. Per your letters dated 11/29/2011 the filing fees have been deposited. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Schroeder
Client Specialist

Encl.

RECEIVED

DEC 12 PM 8:14

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2011

JOY SCHROEDER
NRAI CORPORATE SERVICES
16055 SPACE CENTER BLVD., SUITE 235
HOUSTON, TX 77062

SUBJECT: MEDFLASH INTERNATIONAL CORPORATION
Ref. Number: P10000056232

We have received your document for MEDFLASH INTERNATIONAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED A FORM TO CHANGE THE AGENT ON AN ALIEN CORPORATION AND THE ABOVE ENTITY IS A FLORIDA DOMESTIC CORPORATION.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 711A00026740

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medflash International Corporation
Name of Corporation

DOCUMENT NUMBER: P10000056232

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:

Joy Schroeder
Name of Contact Person

NRAI Corporate Services
Firm/Company

16055 Space Center Blvd., Suite 235
Address

Houston, TX 77062
City/State and Zip Code

ronn@connectyx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Schroeder at (800) 862-5438
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

**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: Medflash International Corporation
2. The principal office address: 850 NW Federal Highway, Suite 411, Stuart, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/08/2010 Document number: P10000056232
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)

Ronn Shuman

850 NW Federal Highway, Suite 411

Stuart, FL 34994

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

NRAI Services, Inc.

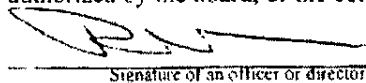
515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Ronn Shuman, President
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.

NRAI Services, Inc.

by: 
Signature of Registered Agent

12/7/2011
Date

If signing on behalf of an entity:

Joy Schroeder, Asst. Secretary

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA