

P10000074625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

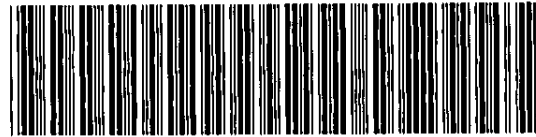
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medxpress Staffing Solutions
Name of Corporation

DOCUMENT NUMBER: P100000074625

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:

Jonathan De La Rosa

Name of Contact Person

Medxpress Staffing Solutions

Firm/Company

350 South Miami Ave #2509

Address

Miami, FL 33186

City/State and Zip Code

Info @ MedxpressStaffing.com

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

For further information concerning this matter, please call:

Jonathan De La Rosa

Name of Contact Person

at (786) 306-7259

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2013

JONATHAN DE LA ROSA
350 SOUTH MIAMI AVE., #2509
MIAMI, FL 33186

SUBJECT: MEDXPRESS STAFFING SOLUTIONS CORP
Ref. Number: P10000074625

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

The corporation may have only One registered agent.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 313A00015892

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: Medxpress Staffing Solutions Corp
2. The principal office address: 350 South Miami Ave #2509
Miami, FL 33130
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 09/10/10 Document number: P10000074625

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)

Jonathan De La Rosa
11242 SW 24 Terr
Miami, FL 33165

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

Jonathan De La Rosa
350 S Miami Ave #2509
Miami, FL 33130

P.O. Box NOT acceptable

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]
Signature of an officer or director

Jonathan De La Rosa / 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.

[Signature]
Signature of Registered Agent

07/02/2013
Date

If signing on behalf of an entity:

Jonathan De La Rosa
Typed or Printed Name

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