P10000104192

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





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COVER LETTER

	TO: Amendment Section Division of Corporations				
:	SUBJECT: Royal Men's Medical Center Inc Name of Corporation				
	DOCUMENT NUMBER: P10000104192				
	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:				
;	Dagoberto J. Rodriguez Name of Contact Person				
	Royal Men's Medical Center Inc Firm/Company				
•	1430 S Federal Highway, Suite 303 Address				
	Deerfield Beach, FL 33441 City/State and Zip Code				
	david@jgtaxgroup.com E-mail address: (to be used for future annual report notification)				
1	For further information concerning this matter, please call:				
	Dagoberto J. Rodriguez at (954) 531-1864				
	Dagoberto J. Rodriguez at (954) 531-1864 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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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617 ange is submitted for a corporation of				
	ler to change its registered office or re				
	the corporation: Royal Men's N				
2. The principa	l office address: 1430 S Federal I	Highway, Suite 303			
Deerfield	Beach, FL 33441				
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 12-30-2	2010 Document number:	P10000104192		
	d street address of the current register artment of State: (If resigned, enter res	•	le with the		
	Dagoberto J. Rodriguez		····		
	324 NE 16 AVENUE	,			
	FORT LAUDERDALE, FL 33	3301			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Dagoberto J. Rodriguez		5		
1430 S Federal Highway, Suite 303					
P.O Box NOT acceptable					
	Deerfield Beach, FL 33441				
The street addr as changed wil	ress of its registered office and the st I be identical.	treet address of the business office	of its registered agent,		
Such change wanthorized by	vas authorized by resolution duly add the beard, or the corporation has bee	opted by its board of directors or ben notified in writing of the change	y an officer so		
Signati	ure of an officer of director	Dagoberto J. Roperto J. Roperto J. Roperto J. Roperto J. Roperto J. Roperto Ro	driguez, DIR		
I further agree of my duties, a document is he	t the appointment as registered ager to comply with the provisions of all nd I am familiar with and accept the sing filed merely to reflect a change is been notified in writing of this cha	statutes relative to the proper and e obligation of my position as regi in the registered office address. I	, I complete performance stered agent. Or, if this hereby confirm that the		
Si Si	gnature of Registered Agent	01/31/20 Date	011		
If signing on b	ehalf of an entity:				
	goberto J. Rodriguez Typed or Printed Name				
	I YDEG OF PRINCEG INAME				

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