## P11000037610

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PICK-UP	☐ WAIT	MAIL
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R.A. Chq.
C.COULLIETTE
AUG 29 2011

**EXAMINER** 

## **COVER LETTER**

	endment Section rision of Corporations	•		
SUBJECT:	Mobility Med	ical, Inc.		
	Name of C	orporation		
DOCUME	NT NUMBER: P11	000037610		
The enclose	d Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return	n all correspondence concerning this matter	to the following:		
	Scott D	. Londy		
	Name of Co	ntact Person		
	Mobility Me	edical, Inc.		
Firm/Company				
521 Tomahawk Court				
	Add			
	Palm Beach Garde	ens, Florida 33410		
Palm Beach Gardens, Florida 33410 City/State and Zip Code				
	Edla d. 0	41/00 000		
E-mail address: (to be used for future annual report notification)				
	` '	,		
For further i	information concerning this matter, please of	all:		
	Scott D. Londy	at ( 772 ) 521-4887		
	Name of Contact Person	at ( 772 ) 521-4887 Area Code & Daytime Telephone Number		
Enclosed is	a \$35.00 check made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	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 statement of change is submitted for a corporation organized u	nder the laws of the State of Florida
in order to change its registered office or registered a	
1. The name of the corporation: Mobility Medical, Inc.	
2. The principal office address: 521 Tomahawk Court	
Palmbeach Gardens, Florida 33410	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/18/11	Document number: P11000037610
5. The name and street address of the current registered agent a Florida Department of State: (If resigned, enter resigned)	nd registered office on file with the
United States Corporation Agents, Ir	nc.
13002 Winding Oak Court - Suite A	
Tampa, Florida 33612	· · · · · · · · · · · · · · · · · · ·
<ol><li>The name and street address of the new registered agent (if c (if changed):</li></ol>	hanged) and /or registered office
Joseph R. Rizzuti	COR COR
3135 SW Mapp Road	₩ ROAS
P.O. Box NOT accept	able
Palm City, Florida 34990	
The street address of its registered office and the street addre as changed will be identical.	ss of the business office of its registered agent,
Such change was authorized by resolution duly adopted by it authorized by the board, or the corporation has been notified	s board of directors or by an officer so in writing of the change.
Signature of an officer or director	Scott D. Londy, President Printed or typed name and title
I hereby accept the appointment as registered agent and agra I further agree to comply with the provisions of all statutes r of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the region corporation has been notified in writing of this change.	ze to act in this capacity. Elative to the proper and complete performance n of my position as registered agent. Or, if this stered office address, I hereby confirm that the
	August 19, 2011
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Joseph R. Rizzuti Typed or Printed Name	
* * * FILING FEE: \$3	5.00 * * *
1 121.13 1 121 W	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)