

P11000079221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

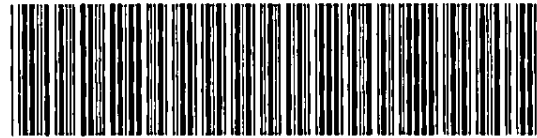
(Business Entity Name)

(Document Number)

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R. WHITE  
OCT 05 2018

**FILED**  
2018 OCT -1 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **Shelton Medical Services, INC**

Name of Corporation

DOCUMENT NUMBER: **P11000079221**

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:

**Gretell Kamanel**

Name of Contact Person

**Shelton Medical Services, INC**

Firm/Company

**3383 NW 7th Street, Suite 308**

Address

**Miami, FL 33125**

City/State and Zip Code

**sheltonmedical308@gmail.com**

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

For further information concerning this matter, please call:

**Gretell Kamanel**

Name of Contact Person

at ( **786** ) **801-0218**

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: Shelton Medical Services, INC
2. The principal office address: 3383 NW 7th Street, Suite 308, Miami, FL 33125
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P11000079221
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)

Yordankys Garcia

3383 NW 7th Street, Suite 308

Miami, FL 33125

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

Gretell Kamanel

3383 NW 7th Street, Suite 308

P.O. Box NOT acceptable

Miami, FL 33125

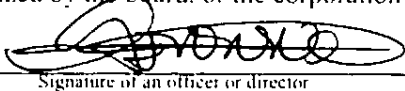
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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

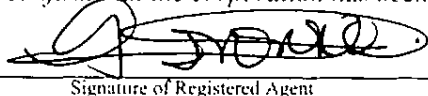
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Gretell Kamanel/President

Printed or typed name and title

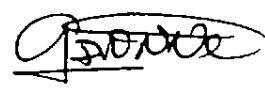
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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 of Registered Agent

09/21/2018

Date

If signing on behalf of an entity:

Shelton Medical Services, INC /   
Typed or Printed Name

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