

P12000000 8501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

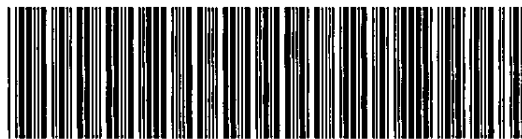
(Business Entity Name)

(Document Number)

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RA  
Change

06/11/12--01015--004 \*\*35.00

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2012 JUN 11 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RR  
6/12/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Agent  
Name of Corporation

**DOCUMENT NUMBER:** P12000008501

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:

Jorge C Espinosa  
Name of Contact Person

BME Professional Healthcare, Inc  
Firm/Company

2387 W 60 St Suite 502  
Address

HALLOWAH FL 33016  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jorge C Espinosa at (886) 313 3200  
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: BME Professional Healthcare, Inc
2. The principal office address: 2307 W 68 St #502  
HALEAH FL 33016
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/25/2012 Document number: P12000008501
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)  
Osvaldo Pineda Jr.  
2307 W 68 St #502  
HALEAH FL 33016

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

Jorge L Espinosa  
2307 W 68 St #502  
HALEAH FL 33016

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.

Jorge Espinosa  
Signature of an officer or director

Jorge Espinosa  
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.

Jorge Espinosa  
Signature of Registered Agent

5-31-2012  
Date

If signing on behalf of an entity:

Jorge Espinosa  
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

CR2E045 (03/12)

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