P12000050313

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Diabetic Source Inc. Name of Corporation
DOCUMENT NUMBER: P 12 0000 503 13
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:
Name of Contact Person
Diabetic Source Inc Firm/Company
IS48SE 6+6S+ Address
Decrfield Beach FL 33441 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Chin'ns ky at (954) 610 - 4100 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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

ERIC CHIRINSKY DIABETIC SOURCE INC. 1548 SE 6TH STREET DEERFIELD BEACH, FL 33441

SUBJECT: DIABETIC SOURCE INC.

Ref. Number: P12000050313

We have received your document for DIABETIC SOURCE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

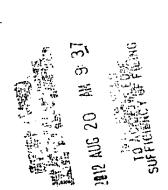
As mentioned in our previous letter the above entity is a Florida corporation not a Florida limited liability company. The correct form is enclosed, please complete and return it to this office for processing.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 312A00019881





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

ERIC CHIRINSKY DIABETIC SOURCE INC. 1548 SE 6TH STREET DEERFIELD BEACH, FL 33441

SUBJECT: DIABETIC SOURCE INC.

Ref. Number: P12000050313

We have received your document for DIABETIC SOURCE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 712A00018091

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Diabetic Source Inc	
2. The principal office address: 1548 SE 646 St	
Deerfield Beach FL 33441	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/14/2009 Document number: P12 00005031	_ <u>პ</u>
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)	
SG Registored Agent LLC	
700 S Federal Huy Suite 200	
Boce Ration FL 33432	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Eric Chirinsky	:
1548 SE 6th St P.O Box NOT acceptable	! !
	7
Deerfield Beach, FL 33441 = ME	ic.
The street address of its registered office and the street address of the business office of its registered agents 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 of the corporation has been notified in writing of the change.	1
Signature of Squatteer or director Frinted 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 O8 16 12 Date	
If signing on behalf of an entity:	
Enc Chinosky Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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