Placoo 66275

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUN - 8 2022					





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ICE DIVISION OF SÜKFÜRALION TALLAHASSEE, FLORIDA

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2022 JUN -7 AM 10: 46

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 723137 8276536						
AUTHORIZATION: Signella Ble man						
COST LIMIT : \$ 35.00						
ORDER DATE : June 3, 2022						
ORDER TIME : 4:35 PM						
ORDER NO. : 723137-008						
CUSTOMER NO: 8276536						
CHANGE OF AGENT						
						
NAME: CHEN MEDICAL LAUDERHILL, INC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
THAIN STAPPED COFT						
CONTACT PERSON: Alexxis Weiland EXT#						
EXAMINER:						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation of	organized under the law	ws of the State of _	FL
	er to change its registered office or r		h, in the State of F	lorida.
	the corporation: CHEN MEDICAL LA	'		
2. The principal	office address: 2589 North State Ro	oad 7 Lauderhill, FL 3	3313	
3. The mailing a	address (if different): 1395 NW 167	Street Miami Gardens	, FL 33169	
	poration/qualification: 07/31/2012)66275
	d street address of the current registertment of State: (If resigned, enter re		ed office on file wi	th the
	Chandler, Kathryn			_
	1395 NW 167 Street			- 17.00 - 17.00
	Miami Gardens	FL	33169	ZZ JI
6. The name and (if changed):	Miami Gardens FL 33169 Street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street			
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT acceptable			
	Tallahassee	FL	32301	-
The street address changed will	ess of its registered office and the sibe identical.	treet address of the bu	isiness office of it	s registered agent.
Such change was authorized by th	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of central notified in writing o	directors or by an of the change.	officer so
\sim	e Cani	JILL CILMI, VIC	E PRESIDENT	
Signatu	re of an officer or director	Print	ed or typed name and tit	le
I further agree to of my duties, an document is beil corporation has	the appointment as registered ages to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is been notified, in writing of this cha Service Company	l statutes relative to the sobligation of my pos in the registered offic	ne proper and com aition as registered	d agent. Or. if this
By: Dro	ree Cokuble	06/06/2022		
	nature of Registered Agent		Date	
If signing on be	half of an entity:			
GRACE E. KIRE	BY, ASST. VICE PRESIDENT			
Ty	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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