

P 12000079846

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

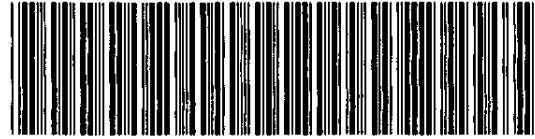
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2012

SHANNON MAYS  
NEXGEN MEDICAL  
151 NE 5TH AVE #312  
DELRAY BEACH, FL 33483 US

SUBJECT: NEXGEN MEDICAL INC.  
Ref. Number: P12000079846

We have received your document for NEXGEN MEDICAL INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

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) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 712A00028204



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Division of Corporations

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Rebekah White  
Regulatory Specialist

Letter Number: 712A00028204

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Nexgen Medical Inc.  
Name of Corporation

DOCUMENT NUMBER: P12000079846

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:

Shannon Mays  
Name of Contact Person

Nexgen Medical  
Firm/Company

151 NE 5th Ave #312  
Address

Delray Beach, FL 33483  
City/State and Zip Code

Shannonmays12@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Mays at (954) 461-3847  
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

RECEIVED

12 NOV 26 AM 9:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Nexgen Medical
2. The principal office address: 6878 NW 66<sup>th</sup> Way  
Parkland, FL 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/20/2012 Document number: P12000079846
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)

Shannon Mays  
6878 NW 66<sup>th</sup> Way  
Parkland, FL 33067

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

Shannon Mays  
151 NE 5<sup>th</sup> Avenue #312  
P.O. Box NOT acceptable  
Delray Beach, FL 33483

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TALLAHASSEE, FLORIDA

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

Shannon Mays - Principal  
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

11/20/12  
Date

If signing on behalf of an entity:

Shannon Mays  
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)