

PI2000079846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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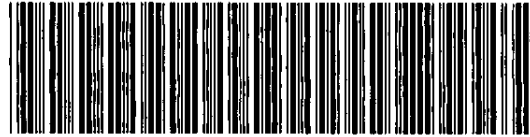
(Business Entity Name)

(Document Number)

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DEC 16 2013  
T. J. EMMEUX

## 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 Inc  
Firm/Company

216 NE 17th Street  
Address

Delray Beach, FL 33444  
City/State and Zip Code

Shannon@nexgenmedinc.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

**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 Inc
2. The principal office address: 216 NE 17<sup>th</sup> Street  
Delray Beach, FL 33444
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: September 20, 2012 Document number: FL2000079846
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  
151 NE 5<sup>th</sup> Ave #312  
Delray Beach, FL 33483


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

Shannon Mays  
216 NE 17<sup>th</sup> Street  
P.O. Box NOT acceptable  
Delray Beach, FL 33444

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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

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

12/4/13  
\_\_\_\_\_  
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