P1300000 1797

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SECRETARY OF STATE
TALLAHASSEE FLOSIE

APR 12 2019 TRCHROEDER

COVER LETTER

Division of Corp		
SUBJECT:	Stemedix, I	nc
	Name of Corp	poration
DOCUMENT NUMBE	P-1300000	7797
The enclosed Statement	of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondent	ondence concerning this matter to	o the following:
	Fredrick Pa	
	Name of Conta	et Person
	Stemedix, I	nc.
·	Firm/Com	pany
6	601 7th Street Sc	•
	Addres	S
	Saint Peteresbui	•
	City/State and 2	
	fpalmer@ster	nedix.com
E-ma	ail address: (to be used for futu	ire annual report notification)
For further information of	concerning this matter, please cal	l:
Fredrick Pa	almer	at (727)456-8968 Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Num
Enclosed is a \$35.00 che	ck made payable to the Departmo	ent of State.
:	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
,	Tallahassee, FL 32314	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: Stemedix, Inc	
2. The principal office address: 601 7th Street South, Suite 565	
Saint Petersburg, Florida 33701	
3. The mailing address (if different): Same as above	
4. Date of incorporation/qualification: 01-23-13 Document number: P-13000007797	
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)	
Fredrick Palmer	
970 Lake Carillon Drive, Suite 300	
Saint Petersburg, FI 33716	
6. The name and street address of the new registered agent (if changed) and /or registered of the first of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are) -
Fredrick Palmer 照文 五]
وي 🚉 يو 601 7th Street South, Suite 565	J
Saint Petersburg, FL 33701	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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. Post Printed or typed name and title Printed or t	2
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 Date	-
If signing on behalf of an entity: Fredrick Palmon Typed or Printed Name	

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