

PROVISIONS

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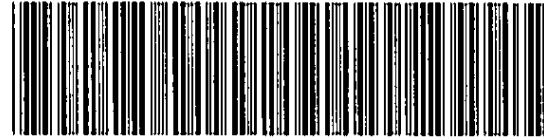
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MLG Medipro Services  
Name of Corporation

DOCUMENT NUMBER: 46-3697507

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:

Mary Goddeyne  
Name of Contact Person

MLG Medipro Services, P.A.  
Firm/Company

12820 SW 3rd Pl  
Address

Newberry  
error@lake city, FL 32609  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Goddeyne at (386) 867-1189  
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

**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: MLG Medipro Services, P.A.

2. The principal office address: 12820 SW 3rd Pl  
Newberry, FL 32669

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Filed 9/19/13 9-20-13 Document number: 46-3697

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)

Mary Goddeyne  
174 NW Harris Lake Dr.  
Lake City, FL 32055

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

Mary Goddeyne  
12820 SW 3rd Pl  
P.O. Box NOT acceptable  
Newberry, FL 32669

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.

Mary Goddeyne Mary Goddeyne, Director  
Signature of an officer or director 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.

Mary Goddeyne 6/5/17  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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