## P1300095086

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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SECKETARY OF STATE
ALLAHASSEE, PLORIDA

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: All Merketing Solutions Inc. Name of Corporation  |
| DOCUMENT NUMBER: P130000 95086   |
| 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:                          |
| Pierre V. Daniel  Name of Contact Person  The Law Office of Pierre V. Daniel PLLC  Firm/Company    |
| 2336 S.E Ocean Blod #193   |
| Stv.~+ FL 34996 City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)                                 |
| For further information concerning this matter, please call:                                       |
| Pierre V. Doniel at (772 ) 214 - 5877  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: All Med Marketing Solutions, Inc.   |
| 1. The name of the corporation: All Med Marketing Solutions, Inc.  2. The principal office address: 8645 N. M.I. tary Trail  Palm Beach Gardens, FL 33418   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 11/25/2013 Document number: P13 0000 950 86   |
| 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)  |
| Anthony Accopato  |
| 8645 N. M.litary Trail  |
| Anthony Accorpto  8645 N. Military Trail  Palm Beach Gardens, FL 33418  |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Pierre V. Daniel, Esq.  10358 Riverside Drive Swite 140  P.O. Box NOT acceptable  Palm Beach Gardens, FL 33410   |
| 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 Anthony Account o President   |
| 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 8-11-17 Date  |
| If signing on behalf of an entity:  |
| 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)