

P15000047991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

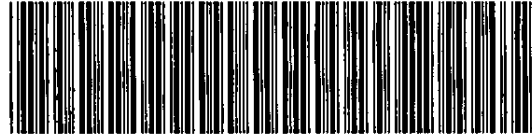
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800285544518

05/13/16--01006--016 **35.00

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
MAY 13 AM 10:43

MAY 16 2016

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACUTREC, INC.

Name of Corporation

DOCUMENT NUMBER: P15000047991

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:

Richard V. Golinski

Name of Contact Person

Acutrec, Inc

Firm/Company

777 N. Ashley Dr, Unit 1302

Address

Tampa, FL 33602

City/State and Zip Code

rgolinski@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Ray

Name of Contact Person

at (813) 240-7422

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

FILED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
16 MAY 13 AM 10:11:2

**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: ACUTREC, INC.
2. The principal office address: 777 NORTH ASHLEY DRIVE SUITE 1302
TAMPA, FLORIDA 33602
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/29/2015 Document number: P15000047991

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)

RESIGNED

SPIRO T. KOMNINOS

4124 WEST LINEBAUGH AVE, TAMPA, FL 33624

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

Michelle Golinski

2946 Hadleigh Ct

P.O. Box NOT acceptable

Clearwater, FL 33761

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

Richard Golinski

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

5/3/16

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)

16 MAY 13 AM 11:43
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS