

P15000 062 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

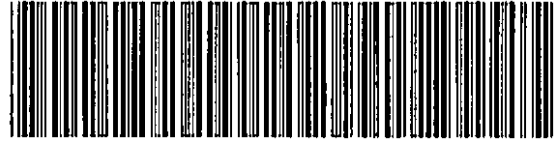
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 12 2019  
11/12/19

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UNITED MEDICAL SUPPLY & DISTRIBUTION

DOCUMENT NUMBER: P15000062258  
Name of Corporation

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:

**PETER ERICSON**

Name of Contact Person

**UNITED MEDICAL SUPPLY & DISTRIBUTION**

Firm/Company

**5101 NW 108TH AVE**

Address

**SUNRISE, FL 33351**

City/State and Zip Code

**PETE.ERICSON16@GMAIL.COM**

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

For further information concerning this matter, please call:

**PETER ERICSON**

Name of Contact Person

**954 479-4595**

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: UNITED MEDICAL SUPPLY & DISTRIBUTION
2. The principal office address: 5101 NW 108TH AVE, SUNRISE, FL 33351
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/16/2015 Document number: P15000062258
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)

PETE ERICSON

5101 NW 108TH AVE

SUNRISE, FL 33351

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

PETER ERICSON

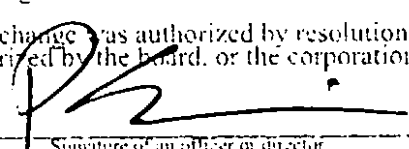
5101 NW 108TH AVE

P.O. Box NO1 acceptable

SUNRISE, FL 33351

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

PETER ERICSON, PRESIDENT

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

11/07/19

Date

If signing on behalf of an entity:

Peter Ericson  
Typed or Printed Name

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