

P16000 033 975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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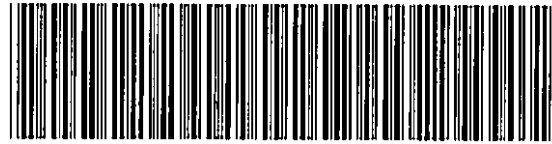
(Business Entity Name)

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HALL COUNTY, FLORIDA

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T. J. ...

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3rd Party Medical Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P16000033975

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:

David Morgan  
Name of Contact Person

3rd Party Medical Inc  
Firm/Company

1080 Bichara Drive #502  
Address

The Villages, FL 32159  
City/State and Zip Code

davidmorgan63@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Morgan at ( 678 ) 232-4443  
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

