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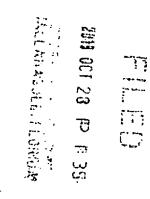
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COVER LETTER

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

,6/8

232-4443

Name of Contact Person

Area Code & Davtime 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida in the change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: 3rd Party Medical Inc
2. The principal	office address: 6472 Hwy 90, Suite B, Milton Florida 32583
	4000 Dishara Daine #500 The Williams El 20450
3. The mailing a	ddress (if different): 1080 Bichara Drive #502,The Villages, FL 32159
4. Date of incorp	poration/qualification: 4/14/2016 Document number: P16000033975
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Stuart Viator
	2979 Greystone Drive
	Milton, Florida 32571
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office 8
	Registered Agents Inc.
	7901 4th St. N STE 300 St. Petersburg, FI 33702
	PO Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Date	David Morgan - President
I hereby accept I further agree of performance of	Printed of typed name and title the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
	10/24/19
	half of an entity:
<i>55</i> **	·
	yped or Printed Name

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