

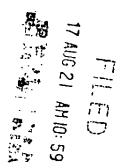
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



700302708657

08/21/17--01035--024 \*\*35.00



1 Racha 1.119 25 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: MedSurgix Corporation

Name of Corporation

DOCUMENT NUMBER: P16000067087

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:

## Kenneth A. Peacock

Name of Contact Person

## MedSurgix Corporation

Firm/Company

PO Box 950898

Address

Lake Mary, FL 32795

City/State and Zip Code

kajpeacock@yahoo.com

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

For further information concerning this matter, please call:

Kenneth A Peacock

,407 <u>,</u>837

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

statement of char	ige is submitted	for a corporation org	1502, 607.1508, or 617.1508, Fl ganized under the laws of the Sta istered agent, or both, in the Sta	ate of Florida	
1. The name of th	ne corporation:_	MedSurgix Co	rporation		
2. The principal office address: 1540 International Parkway, Suite 2000					
		Lake Mary, FL			
3. The mailing ac	ldress (if differe	ent): PO Box 95	0898		
		Lake Mary	, FL 32795		
4. Date of incorp	oration/qualific	ation: <u>08-12-2016</u>	Document number: P	16000067087	
5. The name and	street address o		d agent and registered office on	file with the	
_	United St	tates Corporation	on Agents, Inc.		
_	13302 W	inding Oak Cou	ırt A	<b>\dag</b> :	
-	Tampa,	FL 33612			
6. The name and (if changed):	street address o	f the new registered a	gent (if changed) and /or registe	• • •	
-	Kenneth	n A. Peacock			
-	5049 Ma	axon Terrace			
-	Sanford	, FL 32771	SOT acceptable		
The street address as changed will I	ss of its register be identical.	red office and the stre	et address of the business offic	e of its registered agent,	
Such change was authorized by the	s authorized by e byard, or the c	resolution duly adoptorporation has been	ted by its board of directors or notified in writing of the chang	by an officer so	
Jounell Signature	of an officer or dire	colle	KENNETH A. JE	Acock PRESIDENT	
A furthër avrée te	e comply with th	he provisions of all st	and agree to act in this capacit tatutes relative to the proper at d accept the obligation of my pe effect a change in the registere d in writing of this change.	id complete	
_ / buril	Ug/Jud	rock	8-18-17		
/ Sign	amire of Registered A	gent	Date		
If signing on beh	alf of an entity:	:			
Ty	ped or Printed Name				