

P16000093164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

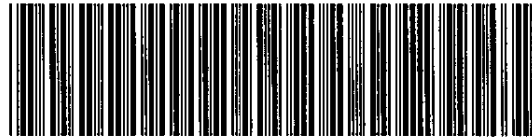
(Business Entity Name)

(Document Number)

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MAY 19 2017

K. WHITE

17 MAY 19 PM 2:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2017

TREVOR L BAILEY
931 SW 122 AVE
MIAMI, FL 33184

SUBJECT: BAY MEDICAL GROUP INC.
Ref. Number: P16000093164

We have received your document for BAY MEDICAL GROUP INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 117A00008965

RECEIVED
17 MAY 18 AM 9:57
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: BAY MEDICAL GROUP INC
2. The principal office address: 931 SW 122 AVENUE MIAMI FLORIDA 33184
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2013 Document number: P16000093164
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)

CFO EVANS MERCIER RESIGNED

931 SW 122 AVENUE

MIAMI FLORIDA 33184

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

TREVOR L BAILEY

931 SW 122 AVENUE

P.O. Box NOT acceptable

MIAMI FLORIDA 33184

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

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

4/29/17
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