

P17000016656

(Requestor's Name)

(Address)

Discovery Medical Supply
1301 Seminole Blvd. Suite 117
Largo, FL 33770

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

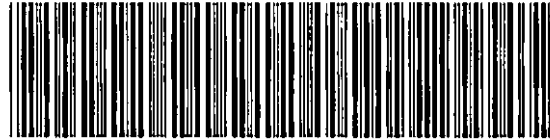
(Business Entity Name)

(Document Number)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0502, 607.1508, or 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DISCOVER Medical Supply
2. The principal office address: 1301 Seminole Blvd # 117
Largo, FL 33770
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/20/17 Document number: P17000016656

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)

Kelly Wolfe (Resigned)
454 20th Avenue
Indian Rocks, FL 33765

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

DIERA KING
1301 Seminole Blvd # 117
P.O. Box NOT acceptable
Largo, FL 33770

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] Andrew Roberts, President
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.

→ Diera King 11/30/17
Signature of Registered Agent 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 32311
CR2E043 (03/12)

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