

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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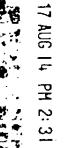
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FILED

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Invictus Medical Inc Name of Corporation			
DOCUMENT NUMBER: P17000045881			
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:			
Ryan Dickinson			
Name of Contact Person			
Firm/Company			
1060 Holland Drive - Ste M			
Address			
Boca Raton, FL 33487			
City/State and Zip Code			
rdickin55@yahoo.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Esther Drew770 560-6794			
Esther Drew 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 cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
1 The name of t	he comoration: Invictus Medical		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/22/2017	Document number: P17000045881	
5. The name and Florida Depart	I street address of the current registered tment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	
	804 Anchorage Drive		
	North Palm Beach, FL 334	108	
		7	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	
	1060 Holland Drive - Suite M ≟ ☐		
	Boca Raton, FL 33487		
	P.O. Box N	NOT acceptable	
		eet address of the business office of its registered agent.	
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Rygn	Dickinson	Ryan Dickinson Printed or typed name and title	
I further agree	was dution and Lam tamilian with an	<i>,</i>	
Ruan Dickinson)		08/10/2017	
- I Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped 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
CR2E045 (03/12)