

PI800012515

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

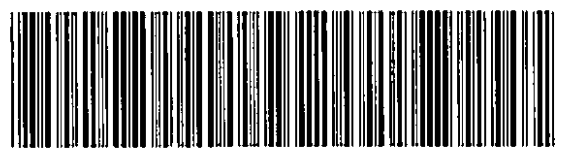
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
7/14/18-Spot w/James  
Boyette. Auth. me  
to chg. address of  
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*MacKey*

R. WHITE  
AUG 17 2018

FILED  
2018 AUG 16 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2018

JAMES BOYETTE  
6380 SW 144TH ST  
CORAL GABLES, FL 33158

SUBJECT: MOAB STERILIZATION STAFFING, INC  
Ref. Number: P18000012595

We have received your document for MOAB STERILIZATION STAFFING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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: 918A00017046

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moab Sterilization Staffing, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P18000012595

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:

James Boyette  
Name of Contact Person

Moab Sterilization Staffing, Inc.  
Firm/Company

6380 SW 144th ST.  
Address

Coral Gables, FL. 33158  
City/State and Zip Code

james@moabhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Boyette at ( 305 ) 962-6586  
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

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: Moab Sterilization Staffing  
2. The principal office address: 6380 SW 144th ST. Coral Gables, FL. 33158

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Feb. 5th, 2018 Document number: P18000012595

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)

James Boyette

6380 SW 144th St.

Coral Gables, FL. 33158

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

William Powell

6380 SW 144th St.

P.O. Box NOT acceptable

Coral Gables, FL. 33158

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.

James Boyette

Signature of an officer or director

James Boyette, CEO

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.

William Powell

Signature of Registered Agent

8/12/2018

Date

If signing on behalf of an entity:

William Powell

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

CR2E045 (03/12)

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