

P18000012849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

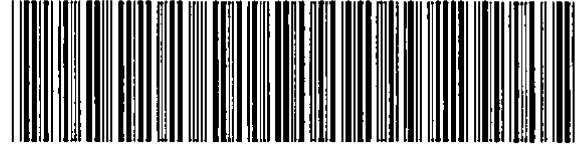
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SECRETARY OF STATE
TALLAHASSEE, FL

JUL -1 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDEX BILLING SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P18000012849

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:

WENDY WEINER
Name of Contact Person

MEDEX BILLING SERVICES, INC
Firm/Company

8705 OLDHAM WAY
Address

PALM BEACH GARDENS, FL 33412
City/State and Zip Code

WENDY.MEDEX@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT WEINER at 914, 552-5524
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MEDEX BILLING SERVICES, INC
2. The principal office address: 8765 OLDHAM WAY
PALM BEACH GARDENS, FL 33412
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/6/18 Document number: P180000012849
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)

WENDY WEINER
8765 OLDHAM WAY
PALM BEACH GARDENS, FL 33412

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

ROBERT WEINER
8765 OLDHAM WAY
P.O. Box NOT acceptable
PALM BEACH GARDENS, FL 33412

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]
Signature of officer or director

WENDY WEINER
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]
Signature of Registered Agent

6/18
Date
FILED
JUN 21 PM 2:41
TALLAHASSEE, FL

If signing on behalf of an entity:

ROBERT WEINER
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)