



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michelle Medical Solutions inc  
Name of Corporation

**DOCUMENT NUMBER:** P18000017955

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:

Dorothy Drapkin

Name of Contact Person

Michelle Medical Solutions Inc

Firm/Company

10939 NW 62nd Court

Address

Parkland, FL 33076

City/State and Zip Code

dotty@bbbilling.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Drapkin

Name of Contact Person

at ( 954 ) 547 6722

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: Michelle Medical Solutions, Inc  
2. The principal office address: 39009 County Road 54  
Zephyrhills, Florida 33542  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2 22 2018 Document number: P18000017955

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)

Michelle Koehlinger

1512 Pineapple Lane

Clearwater Florida 33759

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

Dorothy Drapkin

10939 NW 62nd Court

P.O. Box NOT acceptable

Parkland, Florida 33076

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.

Dorothy Drapkin  
Signature of an officer or director

Dorothy Drapkin

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.*

Dorothy Drapkin  
Signature of Registered Agent

7-31-18  
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

FILED  
2018 AUG -6 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA