

P180000 57821

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2018

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TO: Amendment Section
Division of Corporations

SUBJECT: MEDMAL EXPERT DIRECTORY, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000057821

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:

Lachin Hateni
Name of Contact Person

MEDMAL EXPERT DIRECTORY, Inc.
Firm/Company

P.O. BOX 8764
Address

Columbia, SC 29202
City/State and Zip Code

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

For further information concerning this matter, please call:

Lauren Burnside at 407, 535-3472
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: Medmal Expert Directory, Inc.
2. The principal office address: 8623 Caracas Avenue, Orlando FL 32825
3. The mailing address (if different): P.O. Box 8764 Columbia, SC 29202
4. Date of incorporation/qualification: 6/27/18 Document number: P18000057821
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)

Rachel Kram
1894 BRANCHWATER TRL
ORLANDO, FL 32825

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

Sarah Smith
4360 Tigris Drive
P.O. Box NOT acceptable
Apopka, FL 32712

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TALLAHASSEE, FLORIDA

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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.

Lauren Burnside
Signature of an officer or director

LAUREN BURNSIDE / 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.

Sarah Smith
Signature of Registered Agent

7/17/2018
Date

If signing on behalf of an entity:

Sarah Smith
Typed or Printed Name

*** FILING FEE: \$35.00 ***