

P-21000084362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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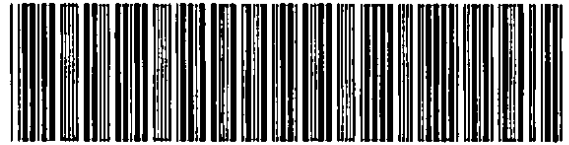
(Business Entity Name)

(Document Number)

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JANUARY 11 2022

T. LEMIEUX

DEC 16 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UTILITY MEDICAL INC.

Name of Corporation

DOCUMENT NUMBER: P21000084362

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:

Meghan Edwards

Name of Contact Person

Edwards & Edwards P.A.

Firm/Company

6620 Southpoint Dr. S, Suite 200

Address

Jacksonville, FL 32216

City/State and Zip Code

MEdwards@EdwardsEdwardsLaw.com

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

For further information concerning this matter, please call:

Meghan Edwards

at (904) 222-0829

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: UTILITY MEDICAL INC.
2. The principal office address: 708 CHESSWOOD CT., JACKSONVILLE, FL 32259
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/21/2021 Document number: P21000084362
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)

Timothy P Loughran

708 Chesswood Ct., Saint Johns, FL 32259

RESIGNED

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

Edwards & Edwards P.A.

6620 Southpoint Dr. S, Suite 200

P.O. Box NOT acceptable

Jacksonville, FL 32216

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.

DocuSigned by:

Timothy P. Loughran

4884991802416931 an officer or director

Timothy P Loughran, its President

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.

DocuSigned by:

Meghan Edwards

8814332872247777 of Registered Agent

Oct-12-2021

Date

If signing on behalf of an entity:

Edwards & Edwards PA

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 (0-4/13)

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