

P9300000 3575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

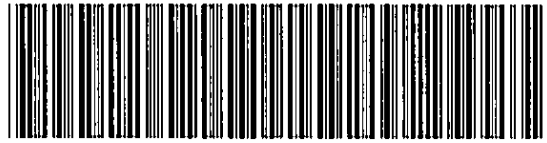
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R WHITE
JUN 26 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address
Name of Corporation _____

DOCUMENT NUMBER: P93000003575

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:

Robert Mendia

Name of Contact Person

Dura Medical Equipment, Inc.

Firm/Company

2882 NW 79th Avenue

Address

Doral, Florida 33122

City/State and Zip Code

rmendia@bayshoreduramedical.com

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

For further information concerning this matter, please call:

Robert Mendia

at (786) 236-8881

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

Both in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dura Medical Equipment, Inc.
2. The principal office address: 2882 NW 79th Avenue, Doral, Florida 33122
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1/1993 Document number: P93000003575
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)

Mendia, Roberto E

7835 N.W. 148 Street

Miami Lakes, Florida 33016

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

Same Name Change Registered Office

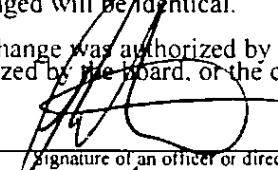
2882 N.W. 79th Avenue

P.O. Box NOT acceptable

Doral, Florida 33122

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 of an officer or director

Robert E. Mendia

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 of Registered Agent

06/05/2020

Date

If signing on behalf of an entity:

Robert E. Mendia

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 (04/13)

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