P9600000015

	P. O. Box 6127 Live Oak, Florida 32060

City/State/Zip

Phone #

Office Use Only

		//C1 \
CURPURATION NAME(S)	& DOCUMENT NUMBER(S).	, (II KIIOWII);

1	(Corporation Name)	(Docu	ment #)	
2	(Corporation Name)	• •	0000223 ment #) -07/10/9 ******35.	3 49609 7 010 56010 .00 *****35.00
3	(Corporation Name)	(Docu	ment #)	
4	(Corporation Name)	(Доси	ment #)	
Walk in	Pick up time		Certified Copy	
Mail out	☐ Will wait	Photocopy	Certificate of Status	

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

調整調整	REGISTRATION/
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED

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SECRETARY OF STATE
ALL AHASSTE FLORIDA

Examiner's Initials

1965

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Deahetic Supply, INC.
2. The mailing address of the corporation is: P.O. Box 6/27, Live Ock, FL
32064
3. Date of incorporation/qualification: 1/2/96 Document number: P9400000615 4. The name and address of the current registered agent and office:
Corporation Service Co.
1211 Hays st.
Tallohasspe, F/ 3230/ FR
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
TATRICIA SHIRFY
PATRICIA SHIRFY 7853 133NA Pd.
LIVE DOL FL 32060
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Patricia Shirey Vice- Presidenti (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Refristered Agents) 7/1/97 (Date)
If signing on behalf of an entity: PATRICIA Shire y Diabetic Supply, INC. (Typed or Printed Name) Vice President (Capacity)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 15, 1997

DIABETIC SUPPLY, INC. P.O. BOX 6127 LIVE OAK, FL 32060

SUBJECT: DIABETIC SUPPLY, INC.

Ref. Number: P96000000615

We have received your document for DIABETIC SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Letter Number: 697A00036112

Teresa Brown Corporate Specialist