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ON SECONDA

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RA Chg.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Orthopedia Fixation Systems (Name of Corporation)
DOCUMENT NUMBER: 97000019568
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jeff Golden
(Name of Person) Orthogolic fixation Systems, Inc. (Name of Firm/Company)
Po. Box 2532 (Address)
Palm City Fi 3499 (City/State and Zip Code)
For further information concerning this matter, please call:
Jeff Goldon at (772) 220-6965 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

this statement of change is submitted for a corneration organized under the laws of the State of
this statement of change is submitted for a corporation organized under the laws of the State of 'LORIGA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Orthopodic Fixation Systems, Into 3
2. The principal office address: P.O. Box 2532
Palm City Fr 34991 ?
3. The mailing address (if different): PO BOX 2532
Palmuty PL 34991
4. Date of incorporation/qualification: $02/26/97$ Document number: $970000 99$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
<u>tavl Golden</u>
4412 Sw Branch Terrace
Palm City, FL 34991
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3533 SW CORPORATE Parkway
Palm City FL 34990
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 locard, or the corporation has been notified in writing of the change.
(Signature of an officer, chairman) or vice chairman of the board) (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) 3 19 03 (Date)
If signing an behalf of an entity: President
(Typed or Printed Name) (Capacity)

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