1-970000 81/29 Requestor's Name

M-TECH ORTHOTICS, INC. 9109 Down Crest Way Windermere, FL 34786-8218

ie#

Office Use Only

Examiner's Initials

600002540916--4

CUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDI	MENTS	ing) High	HASSIN -
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/ Director		r	
Limited Liability	Change of Registered Agent			75 S
Domestication	Dissolution/Withdrawal			A
Other	Merger			
OTHER FILINGS Annual Report	The state of the s	TRATION/		
Fictitious Name	Foreign			$\bigcap_{\alpha} \bigcap_{\alpha}$
Name Reservation	Limited Part	nership	DA	CVY
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Trademark

Other



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, Fiorida Statutes, the undersigned corporation organized under the laws of the State of

FLORI'DA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: M-TEIH ONTHORYS In 1b. Date of incorporation SEPT 22, 1997 Document number P9 70006 8/1 29 The name and address of the current registered agent and office: SPURGIESZ, 9109 DOWN Crest WAY Uindermere, EC, 34786 · 8218 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) LESLEY SPURGIESZ, 9109 DOWN Crest Windermere The street address of its registered agent 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 sg authorized by the board. MARK SPURGIESZ Fresident
Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CR2E045 (7-91)

FILING FEE: \$35.00