

P9700100494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

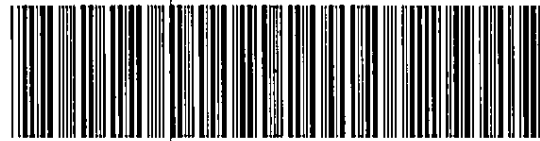
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT
S.D. CALIF. - LOS ANGELES

C. GOLDEN

OCT 10 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med Studies, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000100494

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:

Herb Bobo

Name of Contact Person

Med Studies, Inc

Firm/Company

39 Nancy Taylor Ln

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

herb bobo @ icloud . com

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

For further information concerning this matter, please call:

Herb Bobo

Name of Contact Person

at (850) 585-1857

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Med Studies, Inc.
2. The principal office address: 39 Nancy Taylor Lane
Santa Rosa Beach, FL 32459
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/24/1997 Document number: P97000100494
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)

Herb Bobo

732 Scenic Gulf Drive, C404

Miramar Beach, FL 32550

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

Herb Bobo

39 Nancy Taylor Lane

P.O. Box NOT acceptable

Santa Rosa Beach, FL 32459

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.

Herb Bobo

Signature of an officer or director

Herb Bobo

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.

Herb Bobo

Signature of Registered Agent

10/6/2017

Date

If signing on behalf of an entity:

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 (03/12)

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