

PA7000105223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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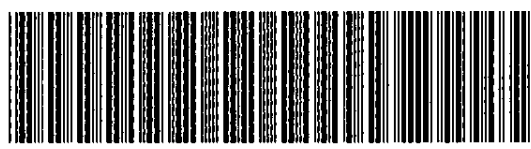
(Business Entity Name)

(Document Number)

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2011 OCT 19 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MedCom Product Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000105223

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:

John T. McEwan  
Name of Contact Person

MedCom Product Solutions, Inc.  
Firm/Company

P.O. Box 3502  
Address

St Augustine, FL 32085  
City/State and Zip Code

jtmpub@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McEwan at ( 407 ) 301-9847  
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  
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: Medcom Product Solutions, Inc.
2. The principal office address: 30 Regent Avenue  
Bluffton, SC 29910
3. The mailing address (if different): P.O. Box 3502  
St. Augustine, Fla 32005
4. Date of incorporation/qualification: 12/15/97 Document number: P97000105223
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)

John McEwan  
2202 Heather Run Circle  
Palm Beach Gardens, FL

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

John Sundeman, CPA  
1 Sebastain Ave  
P.O. Box NOT acceptable  
St. Augustine FL 32084

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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.

 John McEwan, President  
Signature of an officer or director 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.*

**X**  10-14-11  
Signature of Registered Agent Date

If signing on behalf of an entity:

John Sundeman, CPA  
Typed or Printed Name

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