

P97000107 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300252251673

10/03/13--01026--017 **280.

1 11:45 AM
13 OCT -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL 32304

dec 10'

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WRISTBANDS MEDTECH USA, INC.
Name of Corporation

DOCUMENT NUMBER: P97000107999

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:

Donald E. Christopher, Esquire

Name of Contact Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

200 South Orange Avenue, Suite 2900

Address

Orlando, FL 32801

City/State and Zip Code

dchristopher@bakerdonelson.com

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

For further information concerning this matter, please call:

Donald E. Christopher

Name of Contact Person

at (407) 422-6600

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

13 OCT -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: WRISTBANDS MEDTECH USA, INC.
2. The principal office address: 7380 SAND LAKE ROAD, SUITE 500, ORLANDO, FL 3

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/23/1997 Document number: P97000107999

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)

CHRISTOPHER, DONALD E

390 NORTH ORANGE AVE., SUITE 1875

ORLANDO, FL 32801

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

CHRISTOPHER, DONALD E

200 SOUTH ORANGE AVENUE, SUITE 2900

P.O. Box NOT acceptable

ORLANDO, FL 32801

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.

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.


Signature of Registered Agent

9/30/2013
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)

13 OCT -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA