

P98000076258

(Requestor's Name)

IFARM, INC.
3504 Century Boulevard, #4
Lakeland, FL 33811

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

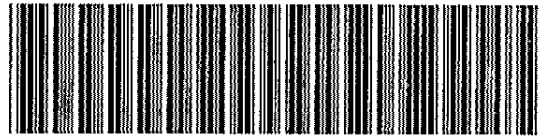
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03/07/05--01032--003 **35.00

R. A. Chose

C. Coulllette MAR 21 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2005

IFARM, INC.
3504 CENTURY BLVD., #4
LAKELAND, FL 33811

SUBJECT: IFARM/EMEDICAL I D, INC.
Ref. Number: P98000076258

We have received your document for IFARM/EMEDICAL I D, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete number 5 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 305A00016922

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DIVISION OF CORPORATIONS

**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: IFARM/EMEDICAL ID, INC.
2. The principal office address: 3504 CENTURY BLVD, #4
LAKELAND, FL 33811
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-1-1998 Document number: P98000076258

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL T. CRONIN
911 CHESTNUT ST.
CLEARWATER, FL 33756

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

W. LANCE GERLIN
325 NORTH CALHOUN STREET
(P.O. Box NOT acceptable)
TALLAHASSEE, FL 32301

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TALLAHASSEE, FL

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.

Douglas R. Brown
(Signature of an officer or director)

DOUGLAS R. BROWN, PRES/CEO
(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]
(Signature of Registered Agent)

FEBRUARY 24, 2005
(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