

P98 000 106 082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

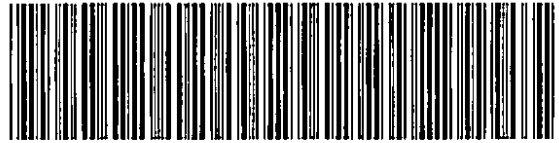
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDI-GRAPHICS, INC
Name of Corporation

DOCUMENT NUMBER: P980000106082

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:

Charles Michael - Manager
Name of Contact Person

Medi-Graphics, Inc
Firm/Company

Po Box 2262
Address

FT Lauderdale FL 33303
City/State and Zip Code

INFO@MEDI-GRAPHICSINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Michael at (954) 456-7373
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: _____
2. The principal office address: 1250 E HALLANDALE BEACH BLVD
SUITE 807 HALLANDALE FL 33009
3. The mailing address (if different): PO Box 2262 FT LAUDERDALE FL 33303
4. Date of incorporation/qualification: 12/22/1998 Document number: P98000106082
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)

Hernandez Rojas, Wendy Carolina
22384 Overture Circle
Boca Raton, FL 33428

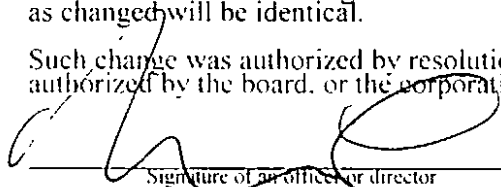
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ahmed Josue Gozaine
22384 Overture Circle
Boca Raton, FL 33428

P.O. Box NOT acceptable

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

Michael LESH

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

04/14/2021

Date

If signing on behalf of an entity:

Ahmed Josue Gozaine

Typed or Printed Name

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

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