P99000081352

(Requestor's Name)
(Address)
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(·,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
(2-3-3-3-3-4)
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SEURETARY OF STATE OF

T. Roberts (ICT () 9/2013)

COVER LETTER

SUBJECT:	INFUSION TECHNO			
	Name of C	Corporation		
DOCUMENT NUM	BER:P99	0000813\$\$.		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all corre	espondence concerning this matte	r to the following:		
•	`			
	David Everet	t Marko, Esq.		
	Name of Co	ntact Person		
,				
_	de la O, Marko, Ma	agolnick and Leyton		
	Firm/C	ompany		
_		3rd Avenue Iress		
	Auc	11 633		
	A Alice and F	-1 00400		
_	City/State a	FL 33129 nd Zip Code		
	•	•		
	marite@dm		~	
L.	-mail address: (to be used for	ruture annuai report notification	on)	
			•	
For further informati	on concerning this matter, please	call:	٠.	
David (Everett Marko, Esa.	at (305) 2	285-2000	
Name	Everett Marko, Esq. e of Contact Person	Area Code & Daytime To	elephone Number	
D 1 11 02500				
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section	1	
	Division of Corporations	Division of Corpora		
	P.O. Box 6327	Clifton Building	_	
	Tallahassee, FL 32314	2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida ochange its registered office or registered agent, or both, in the State of Florida.
•	corporation: Infusion Technologies, Inc.
	fice address: 820 NE 126 Street, North Miami, FL 33161
3. The mailing add	ress (if different):
4. Date of incorpor	ration/qualification: 9-8-99 Document number: P99000081352
5. The name and st	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned) Maylin Pena 20 NE 126 Street
<u>N</u>	Maylin Pena
8	20 NE 126 Street &
N	lorth Miami, FL 33161
6. The name and sti	Iorth Miami, FL 33161 reet address of the new registered agent (if changed) and /or registered office
<u>D</u>	David Everett Marko, Esq.
3	001 S.W. 3rd Avenue, Miami, FL 33129 PO Box NOT acceptable
The street address as changed will be	of its registered office and the street address of the business office of its registered agent,
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Superture o	Jose Sotomayor, President Printed or typed name and title
I hardhy account the	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.
	07/13/2009
If signing on beha	If of an entity:
Туре	d or Printed Name * * * FILING FEE: \$35.00 * * *
	EIDHAO EDD: 900:00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)