

F120000002417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKEDSMO MEDISINKE SENTER AS INC.
Name of Corporation

DOCUMENT NUMBER: F12000002417

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:

SIMON B. HOWELL

Name of Contact Person

HOWELL INTERNATIONAL TAX

Firm/Company

8701 W. IRLO BRONSON MEMORIAL HWY SUITE 100

Address

KISSIMMEE FLORIDA 34747

City/State and Zip Code

SIMON.HOWELL@HOWELLINTERNATIONALTAX.COM

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

For further information concerning this matter, please call:

SIMON B. HOWELL

Name of Contact Person

at **407 245-7600**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

These find attached
a completed application
now signed by a
Director: KURT RISBERG

May 20, 2015

SIMON B. HOWELL 2nd mailing
HOWELL INTERNATIONAL TAX
8701 W IRLON BRONSON MEMORIAL HWY STE 136
KISSISMMEE, FL 34747

SUBJECT: SKEDSMO MEDISINSKE SENTER AS INC.
Ref. Number: F12000002417

Howell International Tax
8701 W. Irlon Bronson Memorial Hwy, Suite 100
Kissimmee, FL 34747
(407) - 245 - 7600
www.howellinternationaltax.com

22 June 2015

We have received your document for SKEDSMO MEDISINSKE SENTER AS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00009273

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2015

SIMON B. HOWELL
HOWELL INTERNATIONAL TAX
8701 W IRLO BRONSON MEMORIAL HWY STE.100
KISSISMMEE, FL 34747

ste 136

SUBJECT: SKEDSMO MEDISINSKE SENTER AS INC.
Ref. Number: F12000002417

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Irene Albritton
Regulatory Specialist II

Letter Number: 915A00009273

**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: SKEDSMO MEDISINSKE SENTER AS INC.
2. The principal office address: PRESTHAGAVEIEN 20
2020 SKEDSMOKORSET NORWAY
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/08/2012 Document number: F12000002417

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)

FL SCANDINAVIAN VACATION HOMES & MGMT LLC
8701 W IRLO BRONSON MEMORIAL HIGHWAY
SUITE 136, KISSIMMEE, FL 34747

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

SIMON B HOWELL, HOWELL INTERNATIONAL TAX
8701 W. IRLO BRONSON MEMORIAL HWY
P.O. Box NOT acceptable
SUITE 100, KISSIMMEE FLORIDA 34747

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TALLAHASSEE, FLORIDA


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

K. TRISBERG, 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

20 April, 2015
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)