F120000002417

(Re	questor's Name)	
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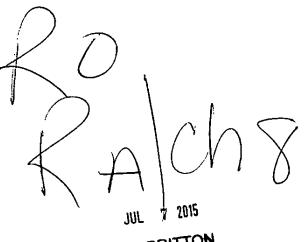




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I ALBRITTON

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

245-7600

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

have find attached a completed application new Englad by a Diedon; Knist Risbert

May 20, 2015

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

SUBJECT: SKEDSMO MEDISINSKE SENTER AS INC.

Ref. Number: F12000002417

122 and 200

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

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 <u>PROFIT</u> 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 <u>NOT FOR PROFIT</u> 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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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

SUBJECT: SKEDSMO MEDISINSKE SENTER AS INC.

Ref. Number: F12000002417

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of
	the corporation: SKEDSMO MEDISINSKE SENTER AS INC.
	office address: PRESTHAGAVEIEN 20 EDSMOKORSET NORWAY
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 06/08/2012 Document number: F12000002417
	I street address of the current registered agent and registered office on file with the the timent 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 (if changed):	I street address of the new registered agent (if changed) and /or registered office
	SIMON B HOWELL, HOWELL INTERNATIONAL TAX
	8701 W. IRLO BRONSON MEMORIAL HWY
	8701 W. IRLO BRONSON MEMORIAL HWY PO Box NOT acceptable SUITE 100, KISSIMMEE FLORIDA 34747
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
4	THE TRISBERC SECTOR Printed or typed name and file
I further agrée t performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	20 Mpr.) 2015 nature of Registered Agent Date
7	half of an entity:
Ty	/ped or Printed Name

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