

840363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

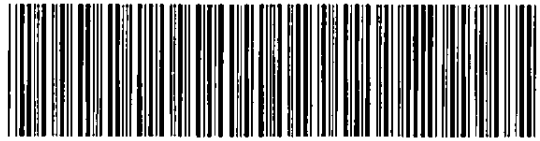
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2024 APR 12 AM 10:56  
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TALLAHASSEE, FLORIDA

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2024 APR 12 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 04/12/2024

Name: Patrice Rush

Reference #: 2330285

Entity Name: MOMAR INC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 



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Signature: 

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Momar, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 840363

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:

Slaton Tuggle  
Name of Contact Person

Momar, Inc.  
Firm/Company

1830 Ellsworth Industrial Drive, NW  
Address

Atlanta, GA 30318  
City/State and Zip Code

sop@cogencyglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Slaton Tuggle at ( 800 ) 556-3967 Ext 354  
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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Momar, Inc.
- 2. The principal office address: 1830 Ellsworth Industrial Drive, NW  
Atlanta, GA 30318
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 4/5/78 Document number: 840363

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)

Richard Wong  
18648 Avenue Capri  
Lutz, FL 33558

2024 APR 12 AM 11:31  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 FILED

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

Cogency Global Inc.  
115 North Calhoun Street, Suite 4  
P O Box NOT acceptable  
Tallahassee, Florida 32301

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.

*Eric Thompson*  
Signature of an officer or director

*Staton Tuggle* Controller  
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.*

/s/ Eric Thompson  
Signature of Registered Agent

4/10/23  
Date

If signing on behalf of an entity:

Cogency Global Inc.  
Typed or Printed Name

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