## F19000005414

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ PICK-DP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE 689029 8174037
AUTHORIZATION THE Bleman
COST LIMIT : \$ 35.00
ORDER DATE: March 3, 2021
ORDER TIME : 12:13 PM
ORDER NO. : 689029-005
CUSTOMER NO: 8174037
CHANGE OF AGENT
MANUEL TANDO MEN ENG
NAME: INDO-MIM INC.
DI ENGE DEMUNN MUN POLLOWING NA DROOF OF TILING
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland
EXAMINER'S INITIALS:

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: INDO-MIM, INC. Name of Corporation
DOCUMENT NUMBER: F19000005414
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:
Daniele Schiffman
Name of Contact Person
Indo-MIM Inc.
Firm/Company
115 Floral Vale Blvd
Address
Yardley, PA 19067-5522
City/State and Zip Code
daniele.s@indo-mim.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniele Schiffman at (646 ) 408-0062
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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

		on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.
1. The name of	the corporation: NDO-MIM INC.	
		VILLAGE DRIVE SUITE 103 LUTZ, FL 33558
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/12/20	19 Document number: F19000005414
5. The name and Florida Depar	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)
	FULGINITI, BRIAN	
	16506 POINTE VILLAGE DRI	VE, SUITE 103
	LUTZ	FL 33558
6. The name and (if changed):		ered agent (if changed) and /or registered office
	Corporation Service Company	<u> </u>
	1201 Hays Street	
	Tallahassee	P.O. Box NOT acceptable  FL 32301
		adopted by its board of directors or by an officer so been notified in writing of the change.
authorized by th	e board, or the corporation has	been notified in writing of the change.
Signatur	e of an officer or director	- Daniele Shittman Chief Cooplane
I hereby accept I further agree to of my duties, and document is being corporation has Corporation	the appointment as registered a comply with the provisions of d I am familiar with and accept ag filed merely to reflect a chan been notified in writing of this a Service Company	igent and agree to act in this capacity.  all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this tige in the registered office address, I hereby confirm that the change.
By:	ature of Registered Agent	03/03/2021
If signing on bel		Date
Тур	ped 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 (04/13)