

F21 000000 1085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

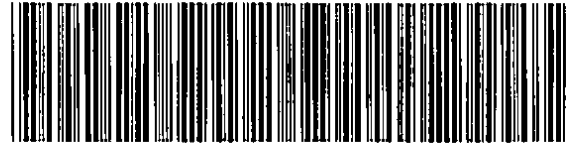
(Business Entity Name)

(Document Number)

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JAN 1 - 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Entopsis Inc.
Name of Corporation

DOCUMENT NUMBER: F21000001085

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:

Obdulio Piloto

Name of Contact Person

Entopsis Inc.

Firm/Company

7600 NW 69th Ave

Address

Medley, FL 33166

City/State and Zip Code

info@entopsis.com

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

For further information concerning this matter, please call:

Obdulio Piloto

Name of Contact Person

at (888) 4075070

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Entopsis Inc.

2. The principal office address: 7600 NW 69th Ave, Medley, FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/23/2021 Document number: F21000001085

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)

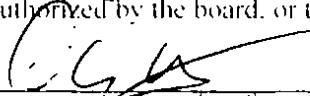
CORPORATION SERVICE COMPANY (resigned)
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Obdulio Piloto
7600 NW 69 Ave
Medley, FL 33166
P.O. Box NOT acceptable

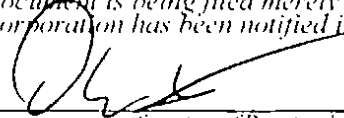
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Obdulio Piloto
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

12/14/2021
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 (04/13)

FILED
2021 DEC 20 PM 3:40
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FLORIDA DEPARTMENT OF STATE