12/20/2017 vision of Corporations



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE S1 LIQUIDATION, INC.

51 LIQUIDATION,	u Britanisk (metalliöm u estuur) CE 1 CO 1
Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporation	ns		
SUBJECT: SystemOne Te	chnologies Inc.	wion.	
	Martie of Corpor	4UVII	
DOCTIMENT NUMBER:	2439		<u></u>
The enclosed Statement of Cha	ange of Registered Office/Ag	ent and fee are su	bmitted for filing.
Please return all corresponden	ce concerning this matter to t	he following:	
Paul A. Bl			
	Name of Contact	Person	
S1 Liqui	dation, Inc.		
	Firm/Comp	шу	
712 Fifth	Avenue, 27th Floor		
	Address		
New Yo	rk, NY 10019		
	City/State and Z	ip Code	
pbiddelm	an@hanseatic-ny.com		
E-mail a	ddress: (to be used for futur	re annual report	notification)
For further information conc		: 917 8	360-6113
Paul A. Biddelman		917 8	360-6113 Daytime Telephone Number
Name of Con	tact Person	Area Coue oc	Edythia Telephone Time
Enclosed is a \$35.00 check r	nade payable to the Departme	ent of State.	
Am Div P.O	iling Address: endment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Division Clifton B 2661 Exe	dress: ent Section of Corporations sullding ecutive Center Circle see, FL 32301

CR2E045 (03/12)

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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 Florida.	
in order to change its registered office of registered by	
1. The name of the corporation: SystemOne Technologies Inc.	•
The name of the corporation: The principal office address: 712 Fifth Avenue, 27th Floor	-
New York NV 10019	-
3. The mailing address (if different): 712 Fifth Avenue, 27th Floor	-
NOW YOR NY (UUIZ	-
4. Date of incorporation/qualification: 11/13/1990 Document number: \$12439	_
 Date of incorporation quantities 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) 	
Paul I. Mansur	
8305 NW 27th Street, Suite 107	
Doral, Florida 33122	
(if changed):	7 DEC V
Corporate Creations Notification	I
11380 Prosperty Farms Hodel was a second	=
P.O. Box NOT acceptable	Ċ
Paint Beach Curtons	27
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 suthorized by the board, or the corporation has been notified in writing of the change.	
Dout Mansur, Secretary	
Printed of typed name and tide	
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to the proper and complete I hereby agree to comply with the provisions of all statutes relative to the proper and complete I hereby agree to comply with the provisions of all statutes relative to the proper and complete performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies, and I am familiar with and accept the obligation of my position as registered performance of my dialies.	
December 14, 2017	
Signature of Magnitured Agent	
If signing on behalf of an entity:	
Damaysi Vazquez, Special Secretary 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)