830953

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000372044430

08/26/21-+01019--001 **595.00



A. Butter 9110121

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MICRO PNEUMATIC LOGIC, INC. Name of Corporation	
DOCUMENT NUMBER: 830953	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	
Damaso W. Saavedra	
Name of Contact Person	
Saavedra-Goodwin	
Firm/Company	
888 S.E 3rd Avenue	
Address	
Fort Lauderdale, Florida 33316	
City/State and Zip Code	
dpazo@saavlaw.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
deanna Pazo	767-6333
Name of Contact Person	at (954)767-6333 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

CR2E045 (04/13)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thange is submitted for a corporation organized under the laws of the State of Florida The defence of Florida and the submitted of the State of Florida.	this ———	
1. The name of t	f the corporation: MICRO PNEUMATIC LOGIC, INC.		
2. The principal	al office address: 2901 GATEWAY DRIVEPOMPANO BEACH, FL 33069		
3. The mailing a	address (if different):		
4. Date of incorp	prporation/qualification: 10/01/1973 Document number: 830953		
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)		
	Saavedra, Damaso W, Esq.		
	312 S.E. 17TH STREET SECOND FLOOR FORT LAUDERDALE, FL 33316		
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office.	2021 AUG	ار ا اماره
	Saavedra, Damaso W, Esq.	9 2	راد مدان ا
	888 S.E 3rd Avenue, Suite 500 Fort Lauderdale Florida, 33316	PH 15: 21	
	P.O. Box NOT acceptable	၇ ၁ -	
The street address changed will	litess of its registered office and the street address of the business office of its registerial be identified.	red ag	gent,
	Pas authorized by resolution fluly adopted by its board of directors or by an officer self-board, are the corporation has been notified in writing of the change. The board of director to the change in writing of the change. Printed or typed name and little	ه <u>د</u> ط	<u>r</u> G
I hereby accept I further agree of my duties, an document is be corporation has	pt the appointment as registered agent and agree to act in this capacity. e in comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligation of my position as registered agent. Given fill a perely to reflect a change in the registered office address, I hereby confirmations in the second provided in writing of this change.	rforn Or, i m tha	iance f this t the
l	8-18-21		
Sig	Signature of Registered Agent Dute		
If signing on be	behalf of an entity:		
	Typed or Printed Name		

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