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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone Fax Number

: (845)425-0077 : (845)818-3588

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

Email Address:\_

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## REGISTERED AGENT CHANGE TARONIS TECHNOLOGIES, INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Taronis Technologies, Inc.  Name of Corporation
·
DOCUMENT NUMBER:
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:
Anthony Palazzo
Name of Contact Person
Vcorp Services, LLC
Firm/Company
25 Robert Pitt Drive, Suite 204
Address
Monsey, NY
City/State and Zip Code
statenotices@vcorpservices.com /
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Palazzo  Name of Content Person  at (845 ) 5173904  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
O

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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, 617.0 statement of change is submitted for a corporation or in order to change its registered office or reg	ganized under the laws of the State of Det	DW BI B	
1. The name of the corporation: Taronis Technology			
The name of the corporation:     The principal office address: 11885 44th Street.	eet No, Clearwater, FL 33762		
2. The principal office address:			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 06/04/200	Document number: F07000	002910	0
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	ed agent and registered office on file with	the	
Vcorp Services, LLC			
1013 Centre Road, Suite	403-B		3 3
Wilmington, DE 19805			7 T
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered offic	inn e ; ;	- N = 3
Vcorp Services, LLC			.: ω
5011 South State Road 7		•	
	NOT acceptable		
Davie, FL 3.2314			
The street address of its registered office and the st as changed will be identical.			i agent,
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or by an of in notified in writing of the change.	ficer so	
- Al Molow	Scott Mahoney, CEO		
I hereby accept the appointment as registered ager I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notif	and accept the obligation of my position of reflect a change in the registered office	lete os registe	ered I
	02/06/2019		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Anthony Palazzo, Assistant Secretary  Typed or Printed Name			
••	G FEE; \$35.00 * * *		