

F15000000389

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: mhopkovitz@altitudefuel.com

REGISTERED AGENT CHANGE ALTITUDE FUEL INC.

Certificate of Status	0
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Page Count	01
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Q. SILAS

FEB 21 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTITUDE FUEL INC.
Name of Corporation

DOCUMENT NUMBER: F15000000389

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:

Michael Hopkovitz

Name of Contact Person

ALTITUDE FUEL INC.

Firm/Company

1110 South Ave Suites 41-43

Address

Staten Island, NY 10314

City/State and Zip Code

mhopkovitz@altitudefuel.com

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

For further information concerning this matter, please call:

Georgina Vega

Name of Contact Person

at (800)

567-4397

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

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

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

1. The name of the corporation: ALTITUDE FUEL INC.
2. The principal office address: 1110 SOUTH AVENUE 41-43, STATEN ISLAND, NY 10314
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/30/2015 Document number: F15000000389
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)

CT CORPORATION SYSTEM1200 S PINE ISLAND RDPLANTATION, FL 33324

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

URS AGENTS, LLC3458 LAKESHORE DRIVEP.O. Box NOT acceptableTALLAHASSEE, FL 32312

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.

Michael S. Hopkovitz
Signature of an officer or director

MICHAEL S. HOPKOVITZ, Secretary / Treasurer

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

2/18/2022

Date

If signing on behalf of an entity:

Georgina Vega, Assistant 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 (04/13)

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