

F150000005415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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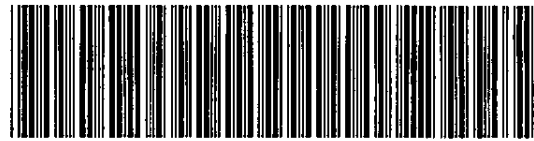
(Business Entity Name)

(Document Number)

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MAR 27 2018

I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Entic, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F15000005415

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:

HELEN CORREA  
Name of Contact Person

ENTIC, INC.  
Firm/Company

20841 JOHNSON ST STE 116  
Address

PEMBROKJE PINES, FLORIDA 33029  
City/State and Zip Code

HCORREA@ENTIC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN CORREA at 954 391-7824  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2018

HELEN CORREA  
ENTIC, INC.  
20841 JOHNSON ST - STE. 116  
PEMBROKE PINES, FL 33029

SUBJECT: ENTIC, INC.  
Ref. Number: F15000005415

We have received your document for ENTIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 018A00005242

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18 MAR 26 PM 2:53  
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TALLAHASSEE, FLORIDA

**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 or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ENTIC, INC.
2. The principal office address: 20841 JOHNSON ST SUITE 116    PEMBROKE PINES, FL 33029
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/8/2015    Document number: F15000005415

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

3975 LEAFY WAY

MIAMI, FL 33133

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

CARLOS DIAZ VP

\_\_\_\_\_  
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.*

Corporation Service Company

By:   
\_\_\_\_\_  
Signature of Registered Agent

2/7/2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Doreen S. Haeselin, Asst VP

\_\_\_\_\_  
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)

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