

F1700000 4017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Symark Corporation  
Name of Corporation

DOCUMENT NUMBER: F17000004017

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:

Kenneth Pedersen  
Name of Contact Person

4232 S. Franklin Street  
Firm/Company  
Address

Saint Augustine FL 32092  
City/State and Zip Code

Ken@symarkcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Pedersen at 630, 984 5167  
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

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

1. The name of the corporation: Symarkk Corporation
2. The principal office address: 4232 S Franklinia Street  
Saint Augustine FL 32092
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/30/17 Document number: F17000004017

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)

Kenneth Pedersen  
108 Spanish Moss Lane  
Ponte Vedra Beach FL 32082

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

~~4232 S. Franklinia Street~~ 4232 S. Franklinia Street  
Saint Augustine FL 32092  
P.O. Box NOT acceptable

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.

Kenneth Pedersen  
Signature of an officer or director

Kenneth Pedersen  
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.

Kenneth Pedersen  
Signature of Registered Agent

4/30/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

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