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2/7/25, 9:56 AM

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From: James Tanks

Division of Corporations  
**F21000002810**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE  
SULZER & SCHMID US CORP.**

Certificate of Status	0
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Estimated Charge	\$43.75

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TALLAHASSEE, FLORIDA

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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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Delaware  
in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SULZER & SCHMID US CORP.
2. The principal office address: 433 Plaza Real Suite 275 BOCA RATON, FL 33432
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/21/2021 Document number: F21000002810
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)

BORJA KAISER

5007 Cobalt Ct

Greenacres, FL 33463

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Brian Schnall

Signature of an officer or director

Brian Schnall

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.*

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

02/03/2025

Signature of Registered Agent

Date

If signing on behalf of an entity:

Sean L. Emerick

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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