

N 09000009417

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

**REGISTERED AGENT CHANGE
METAL TREATING INSTITUTE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2023 APR 19 PM 4:42

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Corporate Filing Menu

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

1. The name of the corporation: Metal Treating Institute, Inc.
 2. The principal office address: 8825 Perimeter Park Blvd. #501, Jacksonville, FL 32216

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/25/2009 Document number: N09000009417

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)

Tom Morrison

132 Maple Row Blvd 530

Hendersonville, FL 37075

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

Corporate Creations Network Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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

Saray Djidji, Attorney in Fact

 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

04/19/2023

 Date

If signing on behalf of an entity:

Saray Djidji, Special 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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