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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

MET THE THEOREM PRODUCTS IS NOT THE ALL AND ADDRESS AN

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

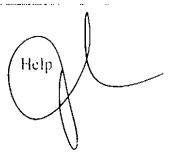
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE METAL TREATING INSTITUTE, INC.

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

statement of cha	provisions of sections 607.0502, 0 inge is submitted for a corporatio ir to change its registered office o	n organized un	der the laws of the State o	of Florida	us
I. The name of	the corporation; Metal Treating In-	stitute, Inc.			
2. The principal	office address: 8825 Perimeter Par	k Blvd. #501, J	neksonville, FL 32216		
3. The mailing a	ddress (if different):				
	poration/qualification: 09/25/2009			0009417	
	I street address of the current registement of State: (If resigned, enter		d registered office on file	with the	
	Tom Morrison				
	132 Maple Row Blvd 530			_	2
	Hendersonville, FL 37075				cû
 The name and street address of the new registered agent (if changed) and /or registered offic (if changed); 		office	610013		
	Corporate Creations Network Inc.				TOP I
	801 US Highway 1				हैं। इस इस
		P.O. Box NOT ac	ceptable		
	North Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the be identical.	street address	s of the business office o	f its registere	ed agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has t	adopted by its been notified in	board of directors or by a writing of the change.	an officer so	
	- 35	Saray	Djidji, Attorney in Fact		
l hereby accept I further agree t of my duties, an document is bei	to of an officer of director the appointment as registered ay to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	all statutes rel the obligation ze in the regist	Printed or typed name and to act in this capacity, ative to the proper and coffmy position as registed ered office address, I he		Formance Or, if this that the
	- 55	04/19	0/2023		
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Saray Djidji, Spe	cial Secretary				
Ţ	sped or Printed Name	-			

* * * FILING FEE: \$35.00 * * *