

N150000002394

(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: PZONE INC.
Name of Corporation

DOCUMENT NUMBER: N/50000002394

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:

ONDRIA JAMES
Name of Contact Person

PZONE INC
Firm/Company

P.O. Box 550270
Address

ORLANDO, FLA 32805
City/State and Zip Code

P.zone2015@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ONDRIA JAMES at (321) 987-4203
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PZONE INC
2. The principal office address: 2529 Kingsland AV
ORLANDO, FLORIDA 32808
3. The mailing address (if different): PO BOX 550220
ORLANDO, FLORIDA 32805
4. Date of incorporation/qualification: MARCH 6, 2015 Document number: NI50000002394
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)

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A
TAMPA, FL 33612 US

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

ONDREA JAMES
2529 Kingsland Ave
P.O. Box NOT acceptable
ORLANDO, Florida 32808

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.

On Andrea James
Signature of an officer or director

ONDREA JAMES
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.

On Andrea James
Signature of Registered Agent

Wednesday, November 25, 2015
Date

If signing on behalf of an entity:

ONDREA JAMES
Typed or Printed Name

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

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