

N 21000013910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

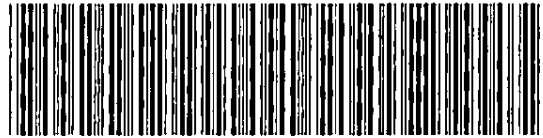
(Document Number)

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*reinstatement (20)*

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11/05/23--01012--023 \*\*35.00

12/28/23--01031--005 \*\*175.00

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CLERK OF COURT

*RA Change*

*10 Creating*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Alchemists Research INC  
Name of Corporation

**DOCUMENT NUMBER:** N21000013910

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:

Katie Balut

Name of Contact Person

Ocean Alchemists Research Inc

Firm/Company

4421 Sweetwater Drive

Address

Tampa, FL 33615

City/State and Zip Code

OceanAlchemists@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Balut

Name of Contact Person

at (813

) 285-0888

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2023

KATIE BALUT  
OCEAN ALCHEMISTS RESEARCH INC  
4421 SWEETWATER DRIVE  
TAMPA, FL 33615

SUBJECT: OCEAN ALCHEMISTS RESEARCH INC.  
Ref. Number: N21000013910

We have received your document for OCEAN ALCHEMISTS RESEARCH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This has been administratively dissolved for failure to maintain a registered agent as of October 23rd so therefore you will need to reinstate it. You will need to send in an additional \$175.00 so I can reinstate it and file the registered agent change that you submitted that we received it on November 6th.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 723A00027695

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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: Ocean Alchemists Research Inc
2. The principal office address: 4421 Sweetwater Drive Tampa, FL 33615
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/07/2021 Document number: N21000013910
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)

Resigned

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

Katie Balut

4421 Sweetwater Drive

P.O. Box NOT acceptable

Tampa, FL 33615

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SECRETARY OF STATE  
FLORIDA

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

Katie Balut - Owner / officer

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

10/31/2023

Date

If signing on behalf of an entity:

Katie Balut

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)