

Power of Attorney

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

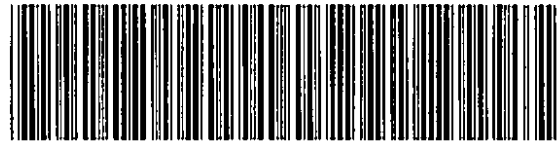
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 20 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 24 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VATKA CASTING, INC.
Name of Corporation

DOCUMENT NUMBER: P0000000621

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:

JOHN S. SZIROVATKA
Name of Contact Person

VATKA CASTING, INC.
Firm/Company

2762 N. UNIVERSITY DR
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

INFO@SZIRO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SZIROVATKA at (954) 575 1732
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VATKA CASTING, INC.
2. The principal office address: 2762 N. UNIVERSITY DR
CORAL SPRINGS, FL 33065
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/13/2000 Document number: P00000006621

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)

JOHN S SZIROVATKA
8016 NW 124 TERR
PARKLAND, FL 33076

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JOHN S SZIROVATKA
2762 N. UNIVERSITY DR
CORAL SPRINGS, FL 33065

P.O. Box NOT acceptable

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]
Signature of an officer or director

JOHN SZIROVATKA PRESIDENT
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]
Signature of Registered Agent

7/18/18
Date

~~If signing on behalf of an entity:~~

~~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 (03/12)