

P 00000030636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

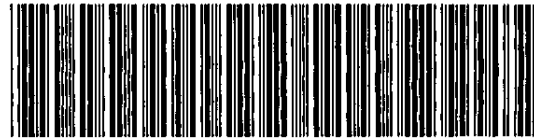
(Business Entity Name)

(Document Number)

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2017 MAY 25 PM 4:10  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 30 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zadik Corp.

Name of Corporation

**DOCUMENT NUMBER:** P00000030636

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:

Robert I. Reich

Name of Contact Person

Zadik Corp.

Firm/Company

4840 NW 116th Terrace

Address

Coral Springs, FL 33076

City/State and Zip Code

rreich@clacorp.com

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

For further information concerning this matter, please call:

Robert I. Reich

Name of Contact Person

at ( 770 ) 552-9840

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

**Zadik Corp.**

Legal Department

8601 Dunwoody Place, Suite 406  
Atlanta, Georgia 30350  
Telephone (770) 552-9840  
Facsimile (770) 552-1408

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**VIA FEDEX 2-DAY**

May 19, 2017

Florida Secretary of State  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Statement of Change of Registered Office/Agent

Dear Sir or Madam:

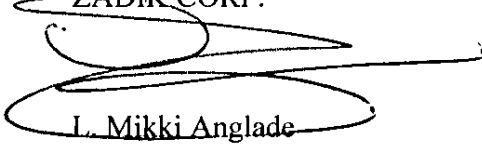
In connection with the above referenced matter, enclosed is the Statement of Change of Registered Office/Agent. I have also enclosed a company check in the amount of \$35.00 to pay for the filing fee.

Please process the change of registered agent request and return a copy of the processed document to the company's address of record.

Thank you for your assistance. Should you have any questions regarding my request, please contact me at your earliest convenience.

Yours very truly,

ZADIK CORP.



L. Mikki Anglade  
Corporate Paralegal

Enclosures

**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: Zadik Corp.
2. The principal office address: 4840 NW 116th Terrace, Coral Springs, FL 33076
3. The mailing address (if different): 4840 NW 116th Terrace, Coral Springs, FL 33076
4. Date of incorporation/qualification: 03/17/2000 Document number: P00000030636
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)

Robert I. Reich

74 NE 11th Way

Deerfield Beach, FL 33441

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

Robert I. Reich

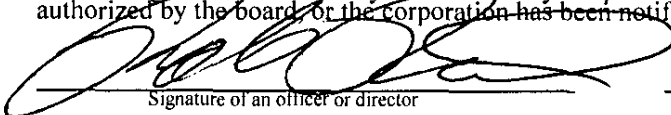
4840 NW 116th Terrace

P.O. Box NOT acceptable

Coral Springs, FL 33076

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

Robert I. Reich, 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 of Registered Agent

5/5/2017

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)

FILED  
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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA