

P00 0000 97876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

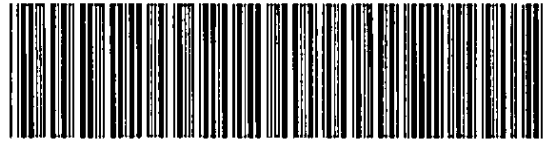
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2022 MAY 24 AM 8:29  
SECRETARY OF STA.  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surveilx, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000097876

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:

Charles Goldberg

Name of Contact Person

Surveilx, Inc.

Firm/Company

1303 Periwinkle Place

Address

Wellington, FL 33414

City/State and Zip Code

surveilx1@gmail.com

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

For further information concerning this matter, please call:

Charles Goldberg

Name of Contact Person

at ( 561 ) 317-1708

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

**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: Surveilx, Inc.
2. The principal office address: 1303 Periwinkle Place, Wellington, FL 33414
3. The mailing address (if different): 1303 Periwinkle Place, Wellington, FL 33414
4. Date of incorporation/qualification: 10/16/2000 Document number: P00000097876
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 Goldberg

4256 SW Pine Cove Ct

Stuart, FL 34997

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

Charles Goldberg

1303 Periwinkle Place

P.O. Box NOT acceptable

Wellington, FL 33414

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 Goldberg

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

05/17/2022

Date

If signing on behalf of an entity:

Charles Goldberg

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)

FILED  
2022 MAY 24 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FL