

PO4000136316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

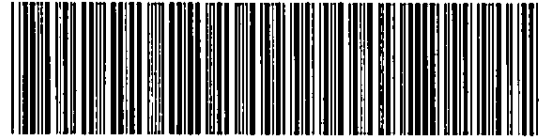
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2017

1. FILING

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEZIM TOSKA, INC.
Name of Corporation

DOCUMENT NUMBER: P04000136316

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:

DANIELA TOSKA

Name of Contact Person

GEZIM TOSKA, INC.

Firm/Company

657 13TH AVENUE SOUTH

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip Code

americabestus@yahoo.com

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

For further information concerning this matter, please call:

DANIELA TOSKA

Name of Contact Person

at (904) 616 3007

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.

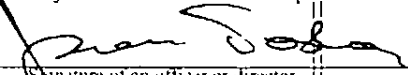
1. The name of the corporation: GEZIM TOSKA, INC.
2. The principal office address: 657 13TH AVENUE SOUTH
JACKSONVILLE BEACH, FL. 32250
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 09/30/2004 Document number: P04000136316
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
TOSKA, GEZIM
7601 INDIA AVE
JACKSONVILLE, FL. 32211

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

TOSKA, GEZIM
657 13TH AVENUE SOUTH
P.O. Box NOT acceptable
JACKSONVILLE BEACH, FL. 32250

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 authorized by the board, or the corporation has been notified in writing of the change.

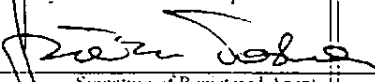


Signature of an officer or director

GEZIM TOSKA

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

09/14/2017

Date

If signing on behalf of an entity:

GEZIM TOSKA

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)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA