

PO4 000136863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PEDOWITZ MACHINERY MOVERS OF FLORIDA INC
Name of Corporation

DOCUMENT NUMBER: P04000136863

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:

MARTIN W TURKOWITZ

Name of Contact Person

Jack Pedowitz Enterprises, Inc

Firm/Company

1765 Express Dr N, Ste 1

Address

Hauppauge, New York 11788

City/State and Zip Code

MARTY@PEDOWITZ.COM

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

For further information concerning this matter, please call:

MARTIN TURKOWITZ

Name of Contact Person

at (718) 923-1862

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 United § in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pedowitz Machinery Movers Of Florida, Inc
2. The principal office address: 1765 Express Drive North, Hauppauge, NY 11788

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/1/2004 Document number: P04000136863

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)

Miriam Pedowitz - resigned (deceased)
7729 Mansfield Hollow Road
DELRAY Beach, FL 33446

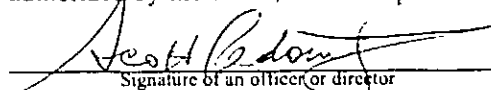
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Martin Turkowitz
1765 Express Drive North
Hauppauge, New York 11788

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 of an officer or director

Scott Pedowitz, Owner/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

1/13/2022
Date

If signing on behalf of an entity:

Martin W Turkowitz
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)

SECRETARY OF STATE
TALLAHASSEE, FL

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