

PO4000 156430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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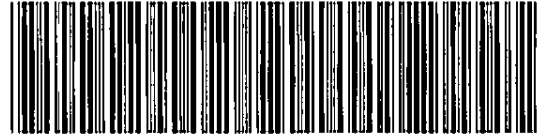
(Business Entity Name)

(Document Number)

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2020 SEP 28 AM 11:30  
CLERK OF STATE  
TALLAHASSEE, FL

TQ 10/29/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EURO Specialists, Inc.  
Name of Corporation

DOCUMENT NUMBER: P04000156430

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:

Susan E. Smeltzer  
Name of Contact Person

EURO Specialists, Inc.  
Firm/Company

26868 White Plains Way  
Address

Leesburg FL 34748  
City/State and Zip Code

smeltzersusan@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan E. Smeltzer at (321) 201-8474  
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  
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: EURO Specialists, Inc.
2. The principal office address: 2350 S US Hwy 17-92, Suite 1010  
Longwood, FL 32750
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-16-2007 Document number: POK00156430
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)

James E. Smeltzer  
2350 S US Hwy 17-92, Suite 1010  
Longwood, FL 32750

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

Susan E. Smeltzer  
2688 White Plains Way  
Leesburg, FL 34748

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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.

James E. Smeltzer  
Signature of an officer or director

James E. Smeltzer 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.

Susan E. Smeltzer  
Signature of Registered Agent

9-25-20  
Date

If signing on behalf of an entity:

Susan E. Smeltzer  
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)