P05000101573

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100330192081

06/10/49 - [1

FILED

SECRE MAKE G. STAN

C Kiuzea

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FLO-TECH SERVICES TAC. Name of Corporation		
DOCUMENT NUMBER: P05000/0/573		
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:		
MATTHEW J. DIAS Name of Contact Person		
FLO-TECH SERVICES TAIC. Firm/Company		
4954 N. CRAMBERLAIN BLVD. 1080		
NORTH PORT FL 34286 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MATTHEW J. D1A5 at (941) 426-3664 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
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: FLO-TECH SERVICES IJC.		
2. The principal office address: 4954 N. CHAHBERLAIN BLVD CINITT 1016		
NORTH POCT, FL 34286		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 07/20/05 Document number: P05000101573		
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)		
DIAS, MATTHEW J.		
4089 MICHALAR ST.		
NORTH PORT, FL 34386		
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		
DIAS, MATTHEW J.		
10598 RAINSVIKE ST. FO 5		
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.		
Matthe Los MATTHEN T. DIAS CEO Signature of Infolicer or director 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 06/25/19 Date		
If signing on behalf of an entity:		
MATTHEW T. DIAS		

* * * FILING FEE: \$35.00 * * *