P07000053367

(Requestor's Name)
(Address)
(Address)
V
(0) 10 (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Element Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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08/24/20--01025--011 **35.00

2020 AUG 24 AM 9: 50 SECRETARY OF STATE

JQ 10/08/20

COVER LETTER TO: Amendment Section Division of Corporations SUBJECT: Mycometer, Inc. Name of Corporation DOCUMENT NUMBER: P07000053367 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: Patricia Candamo Name of Contact Person Candamo Law PA Firm/Company 2209 E. 5th Ave., Suite B Address Tampa, FL 33605 City/State and Zip Code info@candamolaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at (813)831-6511 Area Code & Daytime Telephone Number

CR2E045 (04/L3)

Lisa Rogers

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Typed or Printed Name				
Patricia Candamo				
If signing on behalf of an entity:		Date		-
Signature of Registered Agent		Data		_
I hereby accept the appointment as, I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to re corporation has been notified in writing the second of the corporation of the corporation has been notified in writing the complex than the corporation has been notified in writing the corporation has been notified in the corporation has been notified in the corporation has been	registered agent and agree rovisions of all statutes rela and accept the obligation of flect a change in the registe ting of this change.	Printed or typed name and title to act in this capacity. It is to the proper and complete of my position as registered age ered office address, I hereby co	e performa ent. Or if t nfirm that t	nce his he
Signature of an officer of director	Lisa R	ogers, President		
Such change was authorized by reso authorized by the board, or the corp	plution duly adopted by its oration has been notified in	board of directors or by an office writing of the change.	er so	
The street address of its registered of as changed will be identical.	office and the street address	of the business office of its reg	gistered age	nt,
Tampa, FL 33605				
	P.O. Box NOT acc	comble	ਂ ਜੀ ਰ	
2209 E. 5th Ave., Su	ire B			?
(if changed): Candamo Law PA		and the registered office	¥ OF	
6. The name and street address of the	e new registered agent (if ch	anged) and /or registered office	TALLAHA	; 2
TALLAHASSEE, F	L 32301		OZO A) }
1201 HAYS STREE	Т		~	•
	ERVICE COMPANY			
5. The name and street address of the Florida Department of State: (If re	e current registered agent an			
4. Date of incorporation/qualificatio	n: 05/01/2007	Document number: P0700005336	7	
3. The mailing address (if different)	c/o Candamo Law PA, 2209	E. 5th Ave., Suite B, Tampa, FL 3	3605	
Tampa, FL 33611				
2. The principal office address: 4004		· 7		
1. The name of the corporation: My		·		
statement of change is submitted for in order to change its regis	tered office or registered ag	gent, or both, in the State of Flor	ida.	—
- G	The second secon	ider the laws of the simile of their	.ua	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)