

P070000092292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

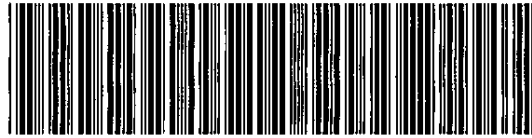
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEALTECH PRO INC
Name of Corporation

DOCUMENT NUMBER: PO7000092292

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:

SMILJKA ZELJKOVIC
Name of Contact Person

Firm/Company

PO BOX 150222
Address

CAPE CORAL DL 33915
City/State and Zip Code

sunnyzeljkovic@yahoo.com

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

For further information concerning this matter, please call:

SMILJKA ZELJKOVIC at (239) 458-6655 day time
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: SEALTECH PRO INC
2. The principal office address: 613 SE 4TH PLACE
CAPE CORAL FL 33990
3. The mailing address (if different): PO BOX 150222
CAPE CORAL DL 33915
4. Date of incorporation/qualification: 08-16-2007 Document number: PO7000092292
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)

3613 PINE OAK CIR

FORT MYERS FL 33916

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

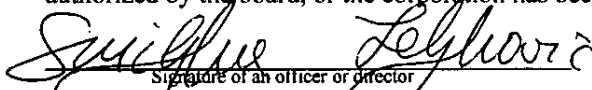
613 SE 4TH PLACE

CAPE CORAL FL 33990

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

SMILJKA ZELJKOVIC 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

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