## P080000 12540

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

<sub>SUBJECT:</sub> Garomax Inc.

Name of Corporation

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:

Victor Golubenko

Name of Contact Person

Garomax Inc.

Firm/Company

5761 Cinnamon Fern Blvd

Address

Cocoa FL 32927

City/State and Zip Code

vgustrade@yahoo.com

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

For further information concerning this matter, please call:

Victor Golubenko

\_,321 \9

961-9993

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

statement of change is s	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, submitted for a corporation organized under the laws of the State of Florida	this
	inge its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corp	oration: Garomax Inc	-
2. The principal office a Cocoa FL 3292	address: 5761 Cinnamon Fern Blvd 27	
3. The mailing address (	(if different):	
4. Date of incorporation	A/qualification: 02/02/2008 Document number: P080000125	540
	address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)	
FUTI	URE PLANNING TAX SERVICE	13 CT
1445	1445 KING ST	
coc	OA, FL 32922	00T -5
6. The name and street a (if changed):	address of the new registered agent (if changed) and /or registered office	OF STATE
Actio	on Accounting & Tax of Florida, LLC	REE 34
635 I	Brevard Avenue	
Cocc	PO Box NOT acceptable  Da, FL 32922	
	<u> </u>	
The street address of its as changed will be iden	s registered office and the street address of the business office of its register trical.	red agent,
Such change was authorized by the board	orized by resolution duly adopted by its board of directors or by an officer so d, or the corporation has been notified in writing of the change.	0
	Victor Golubenko	
I further agree to comp performance of my dult agent. Or, if this docu hereby confirm that the	Printed or typed name and title  pointment as registered agent and agree to act in this capacity,  bly with the provisions of all statutes relative to the proper and complete  ies, and I am familiar with and accept the obligation of my position as regis  ment is being filed merely to reflect a change in the registered office addres  c corporation has been notified in writing of this change.	stered :s, I
If signing on behalf of	an entity:	
Typed or Pri	inted Name	

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

 $x' \in \mathbb{R}^{n} \times \mathbb{R}^{n}$