

PO9000005519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

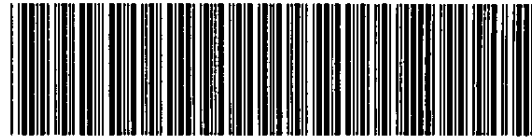
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

05/28/13--01034--009 **35.00

FILED
2013 MAY 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
5/30/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REFLECTIONITE CORP.
Name of Corporation

DOCUMENT NUMBER: P09000005519

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:

GILMAN BURKE WOOD
Name of Contact Person

REFLECTIONITE/CSO
Firm/Company

5 MARLETON ROAD, SUITE 201
Address

PRINCETON, NJ 08540
City/State and Zip Code

BURKE@REFLECTIONITE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. BURKE WOOD at (609) 213 9849
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REFLECTIONITE CORP.
2. The principal office address: ^{NEW} 2025 NW 102 AVE, SUITE 107
DORAL, FL 33172
3. The mailing address (if different): 5 MAPLETON ROAD, SUITE 201
PRINCETON NJ 08540
4. Date of incorporation/qualification: 1/20/2009 Document number: P09000005519
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)

UNITED STATES CORPORATION AGENTS, INC
13302 WINDING OAKS BLVD, A-100
TAMPA, FL 33612


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

ALEX ZERBONE
2025 NW 102 AVE, SUITE 107
P.O. Box NOT acceptable
DORAL, FL 33172

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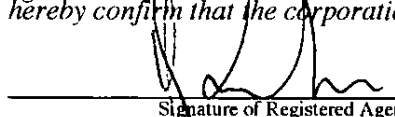
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

GILMAN BURKE WOOD / CEO
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

5/23/2013
Date

If signing on behalf of an entity:

Alex Zerbone
Typed or Printed Name

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