

PD9000028966

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09 MAY 14 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

No Change  
Lewis  
5-21-09



[lammons@trenam.com](mailto:lammons@trenam.com)

reply to: St. Petersburg

727-824-6205 direct

May 12, 2009

**VIA REGULAR MAIL**

Registration Section

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Sicoma North America, Inc.

Dear Sir or Madam:

I am enclosing the Statement of Change of Registered Office for filing with the Secretary of State. Also enclosed is Check No. 1927 for \$35.00, which amount represents the filing fee.

If you have any questions, please call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lori L. Ammons', with a stylized flourish at the end.

Lori L. Ammons

Legal Assistant

cc: Marianne Johnson (w/o enclosures)

Enclosures (2)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sicoma North America, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000028966

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:

Marianne Johnson  
Name of Contact Person

Sicoma North America, Inc.  
Firm/Company

1465 Savannah Avenue, Suite B  
Address

Tarpon Springs, FL 34689  
City/State and Zip Code

marianne@sicoma.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori L. Ammons at ( 727 ) 824-6205  
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: Sicoma North America, Inc.
2. The principal office address: 1465 Savannah Avenue, Suite B, Tarpon Springs, FL 34689
3. The mailing address (if different): PO Box 1999 Tarpon Springs, FL 34688
4. Date of incorporation/qualification: 3/30/09 Document number: P09000028966
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)

Marianne Johnson

1014 Ohio Avenue

Palm Harbor FL 34683

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

Marianne Johnson

1465 Savannah Avenue, Suite B

P.O. Box NOT acceptable

Tarpon Springs, FL 34689

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.

Marianne Johnson  
Signature of an officer or director

Marianne Johnson  
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

May , 2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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

CR2E045 (8/05)

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