

PO 9000028966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187946556

11/22/10--01026--024 **35.00

NOV 22 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RP
Cmm
g

11-29-10

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

764 Anclole Road - Suite A
Address

Tarpon Spring 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:

Marianne Johnson at (727) 934-4424
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: 764 Anclote Road, Suite A
Tarpon Springs, FL 34689
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/30/2009 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
1465 Savannah Avenue, Suite B
Tarpon Springs, FL 34689

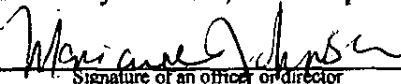
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marianne Johnson
764 Anclote Road, Suite A
P.O. Box NOT acceptable
Tarpon Springs, FL 34689

FILED
NOV 22 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

November 17, 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