

P1100001000132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

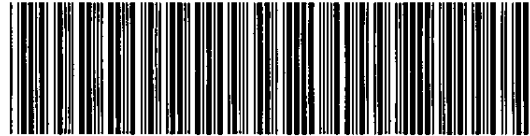
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Phoscrete Corporation
Name of Corporation

DOCUMENT NUMBER: P11000100132

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:

Brian Mintz

Name of Contact Person

Phoscrete Corporation

Firm/Company

265 S Federal Hwy, Suite 320

Address

Deerfield Beach FL 33441

City/State and Zip Code

brian.mintz@phoscrete.com

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

For further information concerning this matter, please call:

Brian Mintz

Name of Contact Person

at (**727**) **944-4368**

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: Phoscrete Corporation
2. The principal office address: 7777 Glades Road, Suite 310
Boca Raton FL 33434
3. The mailing address (if different): 265 S Federal Hwy, Suite 320
Deerfield Beach FL 33441
4. Date of incorporation/qualification: 11/21/2011 Document number: P11000100132
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)

David A. Mintz

7777 Glades Road, Suite 310

Boca Raton FL 33434

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

Brian Mintz

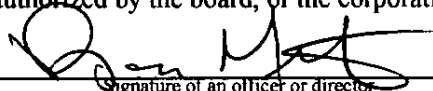
7777 Glades Road, Suite 310

P.O. Box NOT acceptable

Boca Raton FL 33434

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.

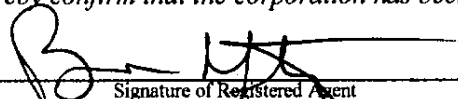


Signature of an officer or director

Brian Mintz

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

7/10/2015

Date

If signing on behalf of an entity:

Brian Mintz

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA