

P12000019543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

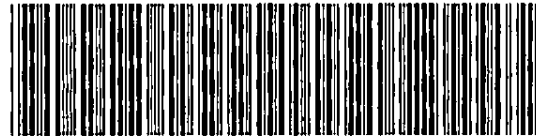
(Business Entity Name)

(Document Number)

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2020 SEP 29 PM 5:23

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2020

VALENTINA STEFANOVA  
ET WAY INC.  
4020 EASTRIDGE CIR.  
POMPANO BEACH, FL 33064

SUBJECT: ET WAY INC.  
Ref. Number: P12000019543

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00016890

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ET WAY INC  
Name of Corporation

DOCUMENT NUMBER: D 12000019543

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:

VALENTINA STEFANOVA  
Name of Contact Person

ET WAY INC  
Firm/Company

4020 Eastridge Cir.  
Address

Pompano Beach, FL 33064  
City/State and Zip Code

E-mail address: etwayinc@gmail.com  
(to be used for future annual report notification)

For further information concerning this matter, please call:

VALENTINA STEFANOVA at (954) 699-1533  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ET WAY INC.
2. The principal office address: 4020 EASTRIDGE CIR., Pompano Beach,  
Florida 33064
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/27/2012 Document number: P12000019543
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)

VALENTINA K. NIKOLOVA  
4020 Eastridge Cir.  
Pompano Beach, FL 33064

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

Registered Agents INC.  
7901 4th St. N, STE 300  
P.O. Box NOT acceptable  
St. Petersburg, FL 33702

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]  
Signature of an officer or director

VALENTINA K. NIKOLOVA / PRESIDENT  
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]

Signature of Registered Agent

7/15/20  
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

2020 SEP 29 PM 5:23