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TO: Amendment Section Division of Corporations
SUBJECT: Zurine Technology Inc. Name of Corporation Y
DOCUMENT NUMBER: P130000 11 661
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:
Jose Martinez Name of Contact Person
Zurine Technology, Inc.
4422 Del Prado Blvd. Address
Cape Coral, FL. 33904 City/State and Zip Code
Zurinetechnology imartinez@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrick Murnane at (239) 945-0600 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: Zurine Technology, Inc
2. The principal office address: 4422 Del Prado Blvd. Cape Coral, FL. 33904
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/5/2013 Document number: P13000011661
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) NCSOY DEKK 17555 AHIAHIC BYD STEDDS SUNNY ISLES BLACK H 33140 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): PATRICK MURNANE D.S.T. 4422 DEL PRADO BLVD P.O. Box NOT acceptable
CAPE CORAL, FL. 33904 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. Jose Martinez Printed or typed name and title Printed or typed name and type
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 PATRICK MURNANE 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