

P13000051014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

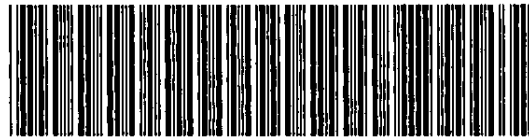
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAM TECH INC.

Name of Corporation

DOCUMENT NUMBER: P13000051014

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:

FRANCESCO A MAZZA

Name of Contact Person

Firm/Company

4613 N UNIVERSITY DRIVE - STE 476

Address

CORAL SPRINGS, FL. 33067

City/State and Zip Code

fmazza821@icloud.com

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

For further information concerning this matter, please call:

FRANCESCO A MAZZA

Name of Contact Person

at (646) 468-6645

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: FAM TECH INC.
2. The principal office address: 4613 N. UNIVERSITY DRIVE - STE 476
CORAL SPRINGS, FL. 33067
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/12/2013 Document number: P13000051014

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)

FRANCESCO A MAZZA
600 PARKVIEW DRIVE - STE 221
HALLANDALE BEACH, FL 33009

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

FRANCESCO A MAZZA
4613 N. UNIVERSITY DRIVE - STE 476
P.O. Box NOT acceptable
CORAL SPRINGS, FL. 33067

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.

Francesco Mazza
Signature of an officer or director

FRANCESCO A MAZZA PRES.
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.

Francesco Mazza
Signature of Registered Agent

JULY 18, 2013

Date

If signing on behalf of an entity:

Francesco Mazza
Typed or Printed Name

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