

P13000070477

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FOR CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polymer Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P 13000070477

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:

Karen DATOR

Name of Contact Person

Polymer Management, Inc.

Firm/Company

28509 Montecristo Loop

Address

Bonita Springs, FL 34135

City/State and Zip Code

Karen @newwavepolymers. com

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Karen DATOR

Name of Contact Person

at (23) 470-7221

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2019

KAREN DATOR
POLYMER MANAGEMENT, INC.
28509 MONTECRISTO LOOP
BONITA SPRINGS, FL 34135

SUBJECT: POLYMER MANAGEMENT, INC.
Ref. Number: P13000070477

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

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If you are just changing the registered agent you can just complete the attached registered agent change form.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 519A00004793

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: Polymer Management, Inc.
2. The principal office address: 28509 Monte Carlo Loop
Bonita Springs, FL 34135
3. The mailing address (if different): (Same)
4. Date of incorporation/qualification: Sept. 2013 Document number: P13000070477
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)

Incporate, Com Ka Corporate Service Co.)
351 Little Falls Dr. / 1201 Hays St.
Washington, DC 20008 / Tallahassee, FL 32301

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

Karen SATOR
28509 Monte Carlo Loop
P.O. Box NOT acceptable
Bonita Springs, FL 34135

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.

Karen SATOR
Signature of an officer or director

Nicholas SATOR
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.

Karen SATOR
Signature of Registered Agent

3/16/19
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