

P15 00000 5659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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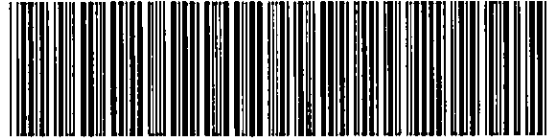
(Business Entity Name)

(Document Number)

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ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EVERIX, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000005659

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:

TREVOR K. BREWER, ESQ.

Name of Contact Person

BREWERLONG PLLC

Firm/Company

620 N WYMORE RD STE 270

Address

MAITLAND, FLORIDA 32751

City/State and Zip Code

hooman@everix.co

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

For further information concerning this matter, please call:

TREVOR K. BREWER, ESQ.

at ( 407 ) 660-2964

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 22 1:45

June 22, 2020

TREVOR K. BREWER, ESQ.  
BREWERLONG PLLC  
620 N WYMORE RD - STE. 270  
MAITLAND, FL 32751

SUBJECT: EVERIX, INC.  
Ref. Number: P15000005659

We have received your document for EVERIX, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00012340

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EVERIX, INC.
2. The principal office address: 2372 N. FORSYTH RD. ORLANDO, FLORIDA 32807
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/15/2015 Document number: P15000005659
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)

FLEX OPTRONIX TECHNOLOGIES, LLC

2372 N. FORSYTH RD.

ORLANDO, FLORIDA 32807

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

BREWERLONG, LLC

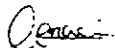
620 N WYMORE RD. STE 270

P.O. Box NOT acceptable

MAITLAND, FLORIDA 32751

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

ESMAEIL BANAEI

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

5/22/2020

Date

If signing on behalf of an entity:

TREVOR K. BREWER, ESQ.

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  
CR2E045 (04/13)