P15000043125

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section **Division of Corporations** AlgoMet Inc Name of Corporation P15000043125 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: Mark Carlo Name of Contact Person AlgoMet Inc Firm/Company 701 S Howard Ave Unit 106532 Address Tampa, FL 33606 City/State and Zip Code mccarlo107@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Carlo Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

statement of cha	nnge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA or registered agent, or both, in the State of Florida.	
 The name of The principal 	the corporation: AlgoMet Incomposition of the corporation of the corpo	rd Ave Unit 106532, Tampa, FL 33606	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 5/13/20	Document number: P15000043125	
	d street address of the current regirtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	UNITED STATES CO	RPORATION AGENTS, INC.	
	13302 WINDING OAK COURT, A		
	TAMPA, FL 33612	COURT, A NAY -9 OF CO	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	
	Mark Carlo		
	712 S Howard Ave Un		
	Tampa, FL 33606	Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
/ Ma	VR AVB	Mark Carlo, Secretary	
I hereby accept I further agree	the appointment as registered a	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address, I otified in writing of this change.	
/ Mo	ark Carb	5/5/2017	
_	nature of Registered Agent	Date	
	half of an entity:		
	yped or Printed Name	_	
•	ypes or i immediately		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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