

P15000087590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

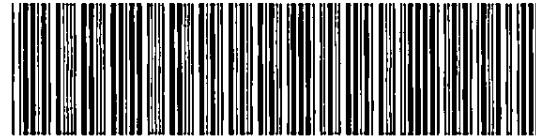
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/17--01016--011 **\$5.00

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2017 NOV 13 AM 10:17

C. GOLDEN

NOV 15 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SLX PRODUCTS INC.

Name of Corporation

DOCUMENT NUMBER: P15000087590

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:

Sol Goes

Name of Contact Person

SLX Products Inc.

Firm/Company

1990 NE 163rd. St , Suite 217

Address

North Miami Beach, FL 33162

City/State and Zip Code

sol@slxproducts.com

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

For further information concerning this matter, please call:

Sol Goes

Name of Contact Person

at (305) 336-6944

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

October 23, 2017

SOL GOES
1990 NE 163RD STREET
SUITE 217
NORTH MIAMI BEACH, FL 33162

SUBJECT: SLX PRODUCTS INC.
Ref. Number: P15000087590

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

Please list the new registered agents name and address.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 617A00020944

RECEIVED
17 NOV 13 PM 4:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SORRY FOR THE MISTAKE. IT
DID NOT PRINT CORRECTLY. I HAVE
FILED IN THE OMISSION.

THANK YOU,
SOL

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: SLX PRODUCTS INC.
2. The principal office address: 1990 NE 163rd. St, Suite 217, North Miami Beach, FL 33162
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/23/2015 Document number: P15000087590

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)

INCORP SERVICES, INC.

17888 67th Court North

Loxahatchee, FL 33470

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

SOL MURRAY DE GOES

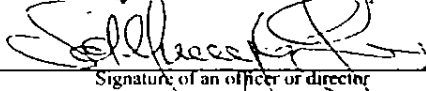
1990 NE 163RD ST. SUITE 217

P.O. Box NOT acceptable

NORTH MIAMI BEACH, FL 33162

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

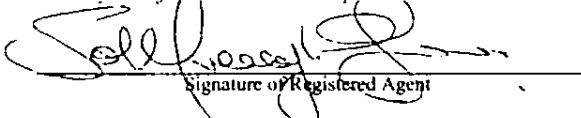
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Sol Murray de Goes

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

Sol Murray de Goes

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

CR2E045 (03/12)

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