



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Flextreme Surfaces Inc  
Name of Corporation

DOCUMENT NUMBER: P160000699868

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 CARTER  
Name of Contact Person

Flextreme Surfaces Inc  
Firm/Company

3375 S HIGHWAY 97  
Address

CANTONMENT FL 32533  
City/State and Zip Code

neal@flextremesurfaces.com  
E-mail address: (to be used for future annual report notification)

17 JAN -7 AM 02:00  
RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

NEAL PFLIBSEN at (850) 474 0124  
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  
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: Flextrene Surfaces Inc.
2. The principal office address: 3375 S HIGHWAY 97 CANTONMENT FL 32533
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/01/2017 Document number: P16000099868

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)

Business Filing Inc
1200 S Pine Island Rd
Plantation, FL 33324

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

KAREN CARTER
3375 S HIGHWAY 97
CANTONMENT FL 32533
P.O. Box NOT acceptable

17 JUL 17 2017 09:00 AM

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.

Philip Carter
Signature of an officer or director

Phil Carter
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 Carter
Signature of Registered Agent

07/03/2017
Date

If signing on behalf of an entity:
Typed or Printed Name

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