

P170000589523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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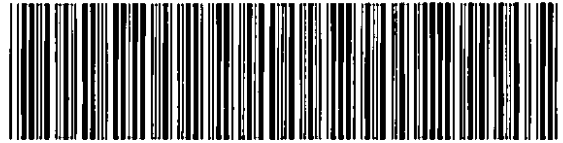
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CORMA, INC  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

SUSAN DEE CORDE  
Name of Contact Person

CORMA, INC  
Firm/Company

240 N. SERENATA DR  
Address

PONTE VEDRA, FL 32082  
City/State and Zip Code

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

For further information concerning this matter, please call:

SUSAN CORDE at (904) 907-4913  
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: CORMA, INC  
2. The principal office address: 699 BRANDON PRESCOTT LANE #109  
WEST PALM BEACH  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 11/07/2017 Document number: P17000089523

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)

REGISTERED AGENTS, INC  
3030 N. ROCKY POINT DR  
TAMPA FL 33607

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

Susan Cordle  
240 N. SERENATA DR  
PONTE VEDRA, FL 32082

P.O. Box NOT acceptable

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.

Susan Cordle  
Signature of an officer or director

Susan Cordle  
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.

Susan Cordle  
Signature of Registered Agent

Susan Cordle 4-4-18  
Date

If signing on behalf of an entity:

Susan Cordle  
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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