

PIA 0000004934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

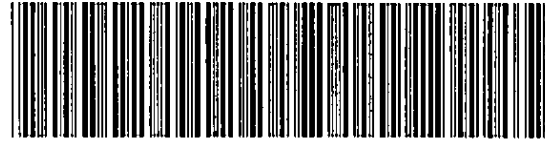
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400396331324

10/31/22--01023--006 **35.00

FILED

2023 JAN 16 PM 3:55

STATE
TALLAHASSEE, FL

2/3/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Slash International Inc
Name of Corporation

DOCUMENT NUMBER: P19000004934

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:

Charles Misuraca
Name of Contact Person

Slash International Inc
Firm/Company

1728 NE Miami Gardens Dr #252
Address

North Miami Beach FL 33179
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles Misuraca at (619) 317-5393
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

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

1. The name of the corporation: Slash International Inc.
2. The principal office address: 1728 NE Miami Gardens Dr. #252
North Miami Beach FL 33179
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/11/2019 Document number: P19000004934
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)

Charles Misuraca
3675 Historic Lane
West Palm Beach FL 33405

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

Charles Misuraca
1728 NE Miami Gardens Dr. #252
P.O. Box NOT acceptable
North Miami Beach FL 33179

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.

Charles Misuraca
Signature of an officer or director

Charles Misuraca
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.

Charles Misuraca
Signature of Registered Agent

10-26-22
Date

If signing on behalf of an entity:

Charles Misuraca
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 32311

CR2E045 (04/13)

FILED
2023 JAN 16 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL