

PIA 0000007513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 5:45

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RA Change

AUG 29 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ghost Technology Inc.
Name of Corporation

DOCUMENT NUMBER: P19000007513

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:

Candace Lechter

Name of Contact Person
Ghost Technology Inc

Firm/Company
13368 NW 2nd Ct #108

Address
Plantation FL 33325

City/State and Zip Code
mikelechter@gmail.com

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

For further information concerning this matter, please call:

Michael Lechter at (305) 778-1875
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

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**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: Ghost Technology Inc.
2. The principal office address: 11528 W State Road 84 Ste 1871
Davie FL 33325

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/22/2019 Document number: P19000007513

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)

Michael Lechter

201 Aspen Way

Davie FL 33325

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

Altagracia Benitez

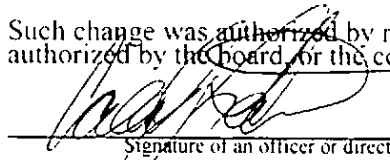
9410 NW 18 Pl

P.O. Box NOT acceptable

Plantation FL 33322

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 for the corporation has been notified in writing of the change.




Signature of an officer or director

Candace A Lechter, President

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

6/8/22

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 (04/13)