

P20 0000 19759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

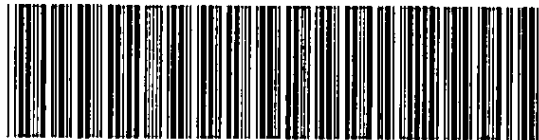
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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Karmic Marketing Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P20000019759

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:

Joseph J Schaar  
Name of Contact Person

Karmic Marketing Inc  
Firm/Company

~~123~~ 1 China Moon Dr  
Address

Ormond Beach, FL 32174  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph J Schaar at (973) 229-2418  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Karmic Marketing Inc
2. The principal office address: 1 China Moon Dr  
Ormond Beach, FL 32174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/28/2020 Document number: P20000019759
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)  
Joseph J Schaar  
5237 Summerlin Commons, Suite 400  
Fort Myers, FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Joseph J Schaar  
1 China Moon Dr  
Ormond Beach, FL 32174

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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.

Joseph J Schaar Joseph J Schaar DPST  
Signature of an officer or director 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.

Joseph J Schaar 11/23/21  
Signature of Registered Agent 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)