

P20000020180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

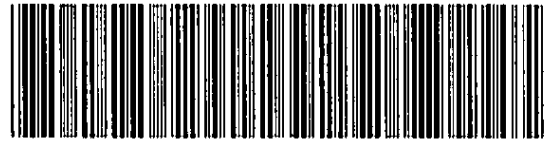
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Change

AUG 18 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR 19 AM 8:06

SEC...
TALLAH... FL

March 31, 2021

MARIA J IORIO
501 W WILLIAMS ST
SUITE 397
APEX, NC 27502

SUBJECT: ELZINC AMERICA CORPORATION
Ref. Number: P20000020180

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 221A00006747

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELZINC AMERICA CORPORATION
Name of Corporation

DOCUMENT NUMBER: St. Petersburg , FL 33702

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:

MARIA J IORIO

Name of Contact Person

ELZINC AMERICA

Firm/Company

501 W WILLIAMS ST, SUITE 397

Address

APEX, NC, 27502

City/State and Zip Code

MJ@EL.ZINC-AMERICA.COM

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

For further information concerning this matter, please call:

MARIA J IORIO

Name of Contact Person

at (919) 637 8614

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: ELZINC AMERICA CORPORATION
2. The principal office address: 999 Brickell Bay Drive Suite 1901, MIAMI, FL 33131

3. The mailing address (if different): 501 W WILLIAMS ST, SUITE 397, APEX NC, 27502

4. Date of incorporation/qualification: MAR 2 2020 Document number: P20000020180

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)

PLKSCPA PA
104 CRANDON BOULEVARD, SUITE 300B
KEY BISCAVNE, FL, 33149

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

Registered Agents Inc.
7901 4th St N, STE 300
St. Petersburg, FL 33702

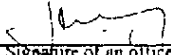
P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.


Signature of an officer or director

MARIA J IORIO
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

02/13/2021
Date

If signing on behalf of an entity:

Registered Agents Inc.
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)