

P22000040708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

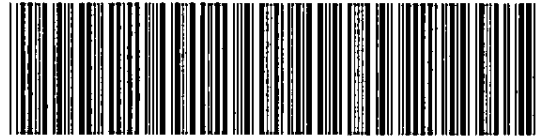
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OFFICE OF RECORDS & INFORMATION

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flain Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P22000040708

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:

Sebastian Dill

Name of Contact Person

MERCATORZ LP

Firm/Company

3250 NE 1st Ave STE 305

Address

Miami, FL 33137

City/State and Zip Code

info@mercatorzusa.com

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

For further information concerning this matter, please call:

Sebastian Dill

Name of Contact Person

at (786) 435-0012

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: Flain Corporation
2. The principal office address: 3250 NE 1st Ave STE 305  
Miami, FL 33137
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/13/2022 Document number: P22000040708
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)


Christiane Naumann  
12245 NE 12th Place  
North Miami, FL 33161

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

Christiane Naumann  
7612 Pasa Dobles Ct  
Tampa, FL 33615  
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.

  
\_\_\_\_\_  
Signature of an officer or director

Tim Froehlich - 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

09/24/2022  
\_\_\_\_\_  
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)