P22000045118

| (Requestor's Name) | | |
|--------------------------------|------------------------|--|
| (Address | 5) | |
| (Address | s) | |
| (City/Sta | te/Zip/Phone #) | |
| | WAIT MAIL | |
| (Busines | s Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing | Officer: | |
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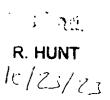
Office Use Only



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2023 OCT 23 PM 12: 40



· COVER LETTER

TO:

Amendment Section Division of Corporations

| NEW LONGOVA CONTROLLO CONTROL | |
|---|--|
| SUBJECT: NEW AGE COMMON TECHNOLOGIES IS Name of Corporation | NC |
| DOCUMENT NUMBER: P22000045118 | |
| The enclosed Statement of Change of Registered Offi | ice/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Val Martinchik | |
| Name of Contact Person | ~ |
| NEW AGE COMMON TECHNOLOGIES INC | 2023 OCT 23 PM 12: 40 |
| Firm/Company | |
| 7524 Bridgeview dr | 2 |
| Address | ω |
| Wesley Chapel, FL, 33545 | - TO |
| City/State and Zip Code | 12: |
| valmartsin@gmail.com | Ť. |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please | e call: |
| Val Martinchik | at (813) 327 - 1327 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Depa | artment of State. |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

CR2E045 (04/13)

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. | _ |
|---|----------------|
| . The name of the corporation: NEW AGE COMMON TECHNOLOGIES INC | |
| 2. The principal office address: 7524 Bridgeview dr Wesley Chapel, FL, 33545 | _ |
| 3. The mailing address (if different): | |
| 3. Date of incorporation/qualification: 05/31/2022 Document number: P22000045118 | |
| 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) | |
| Val Martinchik | |
| 6311 Paddock Glen dr. unit 306 | |
| Tampa. FL. 33634 | <u></u> |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | HEIGH CITY |
| Val Martinchik | - 61. - 49. |
| 7524 Bridgeview dr P.O. Box NOT acceptable | |
| P.O. Box NOT acceptable Wesley Chapel, FL, 33545 | |
| The street address of its registered office and the street address of the business office of its registered age as changed will be identical. | int, |
| 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 Signature of an officer or director Printed or typed name and title | :sident |
| 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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the locument is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change. | |
| Signature of Registered Agent Date | _ |
| f signing on behalf of an entity: | |
| Typed or Printed Name | |

* * * FILING FEE: \$35.00 * * *