

P93000038636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

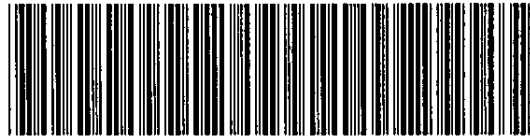
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900274321469

06/25/15--01016--005 **35.00

SEC. of STATE
FALLS CHURCH, VA 22036
15 JUN 25 PM 3:46

RA Change

JUL 06 2015

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SURFACE TREATMENTS USA, INC.**
Name of Corporation

DOCUMENT NUMBER: **P93000038636**

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:

James Hatfield

Name of Contact Person

St. Johns Law Group

Firm/Company

509 Anastasia Blvd

Address

Saint Augustine, FL 32080

City/State and Zip Code

jameshatfield@sjlawgroup.com

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

For further information concerning this matter, please call:

James Hatfield

Name of Contact Person

at (**904**) **806-9210**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 JUN 25 PM 3:46
SEAL
TALLAHASSEE, FL 32301

**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: SURFACE TREATMENTS USA, INC.
2. The principal office address: 2645 EXECUTIVE PK DR, Ste 619
WESTON, FL 33331
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/27/1993 Document number: P93000038636
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)

Resigned

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

James Hatfield

509 Anastasia Blvd


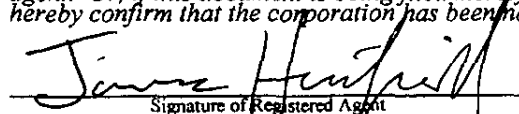
P.O. Box NOT acceptable

Saint Augustine, FL 32080

15 JUN 25 PM 3:46
RECEIVED
TALLAHASSEE, FLORIDA

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.

 _____ <small>Signature of officer or director</small>	<u>Peter Husted</u> _____ <small>Printed or typed name and title</small>
<i>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.</i>	
 _____ <small>Signature of Registered Agent</small>	<u>6/24/2015</u> _____ <small>Date</small>

If signing on behalf of an entity

Typed or Printed Name

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