

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only _____

P94000069203

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
 98 AUG 31 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- ☐ Walk in
 ☐ Pick up time _____
 ☐ Certified Copy
☐ Mail out
 ☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -08/31/98--01107--013
 *****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 EACW

Examiner's Initials	
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**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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: ZIRCONIO, INC.

1b. The mailing address of the corporation is: 700 E DANIA BEACH BLVD #202
DANIA FL 33004

1c. Date of incorporation: 9/16/94 Document number: P94000069203

2. The name and address of the current registered agent and office:

Frederic M. Barthe

888 S.E. 3rd Avenue, Suite 400

Ft. Lauderdale, FL 33316

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

PATRICK VIVIES

700 E DANIA BEACH BLVD #202

DANIA FL 33004

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.

(Signature of an officer, chairman of
vice chairman of the board)

(Date)

GUSTAV LOPEZ
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

PATRICK VIVIES
(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

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