

PR800010389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

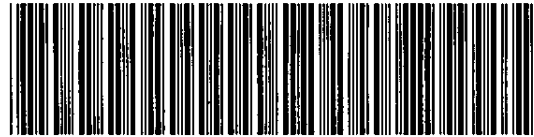
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500255550335

01/21/14--01016--006 **35.00

RECEIVED
14 JAN 21 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R/A Cag

JAN 27 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HYPERTRON DOT COM INC.
Name of Corporation

DOCUMENT NUMBER: P98000070389

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:

Michael Carter
Name of Contact Person

~~Hyper~~ Hypertron dot com inc.
Firm/Company

1841 ISLAND CLUB DR #71
Address

Indialantic, FL 32903
City/State and Zip Code

Mike @ hypertron, com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Carter at (386) 690-6282
Name of Contact Person 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

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: HYPERTRON DOT COM INC.
2. The principal office address: ~~1841 ISLAND CLUB DR #71~~
1841 ISLAND CLUB DR #71 INDIALANTIC, FL 32903
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/21/1999 Document number: P98000070389
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)

MICHAEL Carter
3878 Cardinal Blvd
Port Orange, FL 32127

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

Michael Carter
1841 Island Club Dr #71
Indianantic FL 32903

P.O. Box NOT acceptable

14 JAN 21 9 11:51
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF
CORPORATIONS

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.

Michael Carter
Signature of an officer or director

Michael Carter
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.

Michael Carter
Signature of Registered Agent

1/17/2014
Date

If signing on behalf of an entity:

Michael Carter
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314