P04000134679

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Benseron Information Technologies, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000134679

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:

Onur Haytac

Name of Contact Person

Benseron Info Tech, Inc.

Firm/Company

6201 Lee Ann Lane

Address

Naples, FL 34109

City/State and Zip Code

accounting@benseron.com

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

For further information concerning this matter, please call:

Ryan Adams

239

963-1888

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws in order to change its registered office or registered agent, or both,	s of the State of Florida
1. The name of the corporation: Benseron Information Technology	· .
2. The principal office address: 6201 Lee Ann Lane Naples, FL	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9/27/04 Document nu	umber: P04000134679
5. The name and street address of the current registered agent and registered Florida Department of State: (If resigned, enter resigned)	office on file with the
Onur Haytac	
1085 Business Lane , Ste 9	For E
Naples, FL 34110	NO FI
6. The name and street address of the new registered agent (if changed) and (if changed):	or registered of REF RORD 29
Onur Haytac	29 29
6201 Lee Ann Lane	Dr.
P.O. Box NOT acceptable Naples, FL 34109	
The street address of its registered office and the street address of the business changed will be identical.	ness office of its registered agent,
Such change was authorized by resolution duly adopted by its board of dir authorized by the board, or the control authorized by the board of direction authorized by the board, or the control authorized by the board of direction authorized by the board, or the control authorized by the board of direction authorized by the board of direction authorized by the board, or the control authorized by the board of direction authorized by the board, or the control authorized by the board, or the control authorized by the board, or the control authorized by the board of the boa	ectors or by an officer so the change.
Onur Haytac	
percent accept the appointment as registered agent and agree to act in the partition of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being the merely to reflect a change in the hereby confirm that the corporation has been notified in writing of this change.	or typed name and title is capacity. proper and complete n of my position as registered registered office address, I
gnature of Rogistered Agent	10/29/17 Date
If igning on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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