The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Officer/Director Detail : Title **PVTS** Title DCM GOULET, STEVEN N GOULET, STEVEN Name Name 10380 SW VILLAGE CENTER DRIVE 10380 SW VILLAGE CENTER DRIVE Address Address # 211 # 211 PORT SAINT LUCIE FL 34987 PORT SAINT LUCIE FL 34987 City-State-Zip: City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**PVTS** 

SIGNATURE: STEVEN GOULET

Electronic Signature of Signing Officer/Director Detail

Entity Name: ICOM SOFTWARE, INC.

# **Current Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE #211 PORT SAINT LUCIE, FL 34987

## **Current Mailing Address:**

PO BOX 2166 WEST PALM BEACH, FL 33402 US

### FEI Number: 23-2725296

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GOULET, STEVEN N 10380 SW VILLAGE CENTER DRIVE # 211 PORT SAINT LUCIE, FL 34987 US



Certificate of Status Desired: No

04/26/2017

Date

Date