

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000761

**FILED  
Jan 09, 2017  
Secretary of State  
CC2802630175**

**Entity Name:** DEVOPS INSTITUTE INC.

**Current Principal Place of Business:**

4841 NW 5TH LANE  
BOCA RATON, FL 33431

**Current Mailing Address:**

4841 NW 5TH LN  
BOCA RATON, FL 33431 US

**FEI Number:** 47-3081287

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DC  
Name SCHWARTZ, LISA  
Address C/O DEVOPS INSTITUTE INC., P.O.  
BOX 971152  
City-State-Zip: BOCA RATON FL 33497

Title DCEO  
Name GROLL, JAYNE  
Address C/O DEVOPS INSTITUTE INC., P.O.  
BOX 971152  
City-State-Zip: BOCA RATON FL 33497

Title DS  
Name SHIMEL, ALAN  
Address C/O DEVOPS INSTUITE INC., P.O. BOX  
971152  
City-State-Zip: BOCA RATON FL 33497

Title D  
Name DIAMOND, HOWARD  
Address C/O DEVOPS INSTUITE INC., P.O. BOX  
971152  
City-State-Zip: BOCA RATON FL 33497

*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.*

**SIGNATURE:** JAYNE GROLL

**CEO**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date