## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000761

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

FILED Feb 26, 2016

**Secretary of State** 

CC0387016178

Officer/Director Detail:

Title DCEO Title DC

Name SCHWARTZ, LISA Name GROLL, JAYNE

Address C/O DEVOPS INSTUITE INC., P.O. BOX Address C/O DEVOPS INSTUITE INC., P.O. BOX

971152 9711

City-State-Zip: BOCA RATON FL 33497 City-State-Zip: BOCA RATON FL 33497

Title DS Title D

Name SHIMEL, ALAN Name DIAMOND, HOWARD

Address C/O DEVOPS INSTUITE INC., P.O. BOX Address C/O DEVOPS INSTUITE INC., P.O. BOX

971152 971152

City-State-Zip: BOCA RATON FL 33497 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 PRESIDENT 02/26/2016