

547644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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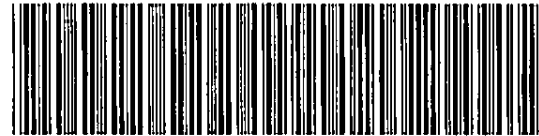
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Info Tech, Inc.

Name of Corporation

DOCUMENT NUMBER: 547644

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:

Carole L. DuVal

Name of Contact Person

Info Tech, Inc.

Firm/Company

2970 SW 50th Terrace

Address

Gainesville, FL 32608

City/State and Zip Code

carole.duval@infotechfl.com

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

For further information concerning this matter, please call:

Carole L. DuVal

Name of Contact Person

at (352) 381-4453

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

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: Info Tech, Inc.
2. The principal office address: 2970 SW 50th Terrace, Gainesville, FL 32608
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Sept. 9, 1977 Document number: 547644
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)

Amber S. McClave

5700 SW 34th Street Suite 1235

Gainesville, FL 32608

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

Amber S. McClave

2970 SW 50th Terrace

P.O. Box NOT acceptable

Gainesville, FL 32608

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 its officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas P. Rothrock
Signature of an officer or director

Thomas P. Rothrock, CEO Officer
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.

[Signature]
Signature of Registered Agent

9.13.17
Date

If signing on behalf of an entity:

Amber S. McClave
Typed or Printed Name

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