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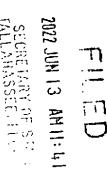
(F	Requestor's Name)	
···········(/	Address)	
(<i>i</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	_
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
}	J. HORNE	
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Change of Registered Ogent Name of Corporation			
DOCUMENT NUMBER: F 18 00000 1015			
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:			
College M. Capossela, President Name of Contact Person CATICPro, Firc. Firm/Company			
101 Corporate Place Address			
Address Locky Hill, CT 060607 City/State and Zip Code CCapossela @ CATICPro, com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Colleen M. Capossela at 860 513-3131 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Corrections in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CATICPO, Inc.
2. The principal office address: 101 Corporate Place, Rocker Hill, CT
0,0067
3. The mailing address (if different):
4. Date of incorporation/qualification: 12 3 2002 Document number: F18 800001015
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)
Christopher J. Condie, CATIC
4901 Vineland Road, Suite 210
Orlando, Florida 32811
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Deborah Boyd, CATIC
4901 Vine land Road, Suite 21000 0
Orlando, Florida 32811
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 an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director College M. Caposela, President
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.
Dela B. Boyd June 7 2022
Signature of Registered Agent Date
If signing 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 (04/13)

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