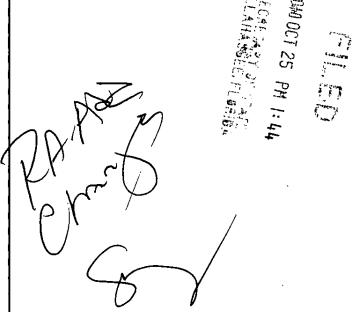
## 2/8/19

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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		
	Office Use Or		3
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Capital Computer and Software, Throughated
DOCUMENT NUMBER: L18119
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:
Kathryn Moghadus Name of Contact Person
Capital Computer and Software Inc
4255 S. U.S. Hayy 17/92 Address
Casselbercy Fl. 32707 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Kathran Manuella Sale Sale Sale Sale Sale Sale Sale
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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: (ap) to Computer and Software, Incorporation
2. The principal office address: 4255 5 US Hawa 1792
Casselberry Florida 32107
3. The mailing address (if different):
4. Date of incorporation/qualification: 9 21 1989 Document number: L18119
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)
Kathryn T. Moghadas
6400 5 USHawa 17192
Forn Park Fl 32730
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Kathryn Moghadas  Hass Selberny Flagure 17/92  P.O. Box NOT receptable  Tasselberny Flagure 32707
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.
Kathryn Maghadas Kathryn Maghadas  Signatur of an officer or director Royalas
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.
Korottem Montado 10/20/2010 Signature of Registered Agent
If signing on behalf of an entity:
Kathryn Maghadas Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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