

L25570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500241790255

11/16/12--01003--018 **35.00

FILED
12 NOV 16 PM 12:32
SECRETARY OF STATE
VALLEJO, CA 94593

RROC

NOV 19 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Computer Support Products, Inc.

Name of Corporation

DOCUMENT NUMBER: L25570

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:

Debbi Schneider

Name of Contact Person

Computer Support Products, Inc.

Firm/Company

5402 W.Laurel Street, Suite 118

Address

Tampa, FL 33607

City/State and Zip Code

dschneider@tampabayliebert.com

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

For further information concerning this matter, please call:

Debbi Schneider

Name of Contact Person

at (727) 573-1199

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: Computer Support Products, Inc.
2. The principal office address: 5402 W. Laurel Street, Suite 118
Tampa, FL 33607
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10-26-1989 Document number: L25570
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)
2850 Scherer Drive
Suite 550
Saint Petersburg, FL 33716
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5402 W. Laurel Street
Suite 118
P.O. Box NOT acceptable
Tampa, FL 33607

FILED
12 NOV 16 PM 12:32
TALLAHASSEE, FL 32314

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.

Elena L. Gooch
Signature of an officer or director

Elena L. Gooch
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.

Elena L. Gooch
Signature of Registered Agent

11/12/12
Date

If signing on behalf of an entity:

Elena Gooch
Typed or Printed Name

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