

N 240000003130

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

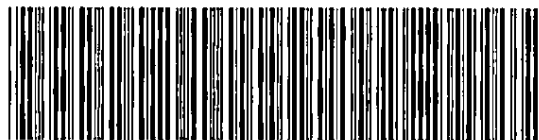
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2024 SEP 18 PM 12:33



September 10, 2024

Florida Secretary of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: IT Roundtable Inc.  
File No: N24000003130

Enclosed please find an original and one copy of the Statement of Change of Registered Agent for the above-referenced corporation. We have enclosed a check in the amount of \$35.00, which represents the filing fee.

Please file the original and return one filed-stamped copies to us via the enclosed self-addressed, stamped envelope provided for your convenience.

Thank you for your assistance in this matter. Should you have any questions or comments, please do not hesitate to contact this office.

Sincerely,

  
Danielle Henriksen  
Business support Specialist

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IT Roundtable Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N24000003130

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:

Danielle Henriksen

Name of Contact Person

Sage International, Inc.

Firm/Company

1135 Terminal Way Ste 209

Address

Reno NV 89502

City/State and Zip Code

danielle@sageintl.com

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

For further information concerning this matter, please call:

Danielle Henriksen

Name of Contact Person

at (775) 7865515  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: IT Roundtable Inc.

2. The principal office address: 5379 Longhorn Trail, Gulf Breeze FL 32563

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/07/2024 Document number: N24000003130

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)

United States Corporation Agents, Inc.

476 Riverside Ave

Jacksonville FL 32202

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

Business Filings Incorporated

1200 South Pine Island Rd

P.O. Box NOT acceptable

Plantation FL 33324

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.

John Moore

Signature of an officer or director

John Moore

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.*

Michelle Fair

Signature of Registered Agent

9/9/2024

Date

If signing on behalf of an entity:

Michelle Fair

Typed or Printed Name

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

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

CR28043 (04/13)

2024 SEP 10 11:23:33

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For further information concerning this matter, please call:

Danielle Henriksen

Name of Contact Person

at (775)

7865515

Area Code & Daytime Telephone Number

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Signature of an officer or director

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Michelle Fair  
Signature of Registered Agent

9/9/2024  
Date

If signing on behalf of an entity:

Michelle Fair  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2B045 (04/13)