

N98 0000000913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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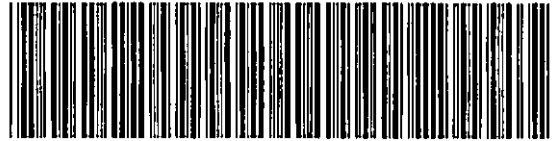
(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 12:49

cf 8/31/2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMPUTER MENTORS GROUP INC  
Name of Corporation

**DOCUMENT NUMBER:** N98000000913

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:

SANTO CANNONE  
Name of Contact Person

COMPUTER MENTORS GROUP  
Firm/Company

3016 COLONIAL RIDGE DR  
Address

BRANDON FL 33511  
City/State and Zip Code

SANTOCANNONE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTO CANNONE at (813) 505 0483  
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  
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: COMPUTER MENTORS GROUP INC
2. The principal office address: 2802 E MARTIN LUTHER KING BLVD,  
SUITE F, TAMPA FL 33610
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/16/1998 Document number: 298000000913
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)

RALPH A SMITH  
1101 RAY CHARLES BLVD, UNIT 2413  
TAMPA FL 33602

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

SANTO CANNONE  
3016 COLONIAL RIDGE DR  
P.O. Box NOT acceptable  
BRADDO FL 33511

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]  
Signature of an officer or director

SANTO CANNONE  
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

6-8-2022  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

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