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Office Use Only



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COVER LETTER

то:	Amendment Section Division of Corporations	•
SUB. Name	JECT: Strong Link Data Corp.	;
DOC	UMENT NUMBER: P01000108714	
The e	enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Micha	ael Mulcahy	
Name	e of Contact Person	
Strong	g Link Data Corp.	
Firm/	Company	
PO B	ox 547475	
Addr	ess	
Orlan	do, FL 32854	
City/S	State and Zip Code	
	michael.mulcahy@stronglink	data.com
E-ma	ail address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, p	please call:
Micha	ael Mulcahy	at (407) 694-0463
	Name of Contact Person	at (407)694-0463 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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: Strong Link Data Corp. 2. The principal office address: 660 Lake Drive Altamonte Springs, FL 32701 3. The mailing address (if different): PO Box 547475 Orlando, FL 32854 Document number: P01000108714 4. Date of incorporation/qualification: $\stackrel{11/12/2001}{-}$ 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) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Michael Mulcahy 660 Lake Drive P.O. Box NOT acceptable Altamonte Springs, FL 32701 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. Michael Mulcahy - CTO Signature of an officer or director 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. 10/21/2020 Signature of Registered Agen Date If signing on behalf of an entity: Typed or Printed Name

FOR CORPORATIONS

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)