

P03000094272

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FEB 26 P 12 23

FILED

FEB 27 2018

T. LEMIEUX

WNO

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AGTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P03000094272

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:

Brian Risley  
Name of Contact Person  
AGTS, INC.  
Firm/Company  
260 Professional Place  
Address  
N. Fort Myers, FL 33903  
City/State and Zip Code  
brisley@egtsoftware.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SK Agrawal at ( 419 ) 239-1002  
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  
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: AGTS, INC.
2. The principal office address: 260 PROFESSIONAL PLACE  
N. FORT MYERS, FL 33903
3. The mailing address (if different): PO BOX 910  
FORT MYERS, FL 33902-0910
4. Date of incorporation/qualification: 2003 Document number: P03000094272

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)

LEONARD LAROSE

3032 SW 5TH AVE

CAPE CORAL, FL 33914

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

BRIAN RISLEY

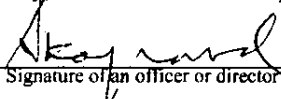
260 PROFESSIONAL PLACE

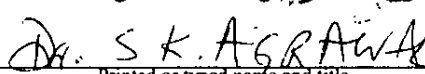
P.O. Box NOT acceptable

N. FORT MYERS, FL 33903


The street address of its registered office and the street address of the business office of the 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 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.*

  
Signature of Registered Agent

2/21/2018  
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