

PO4 000153374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

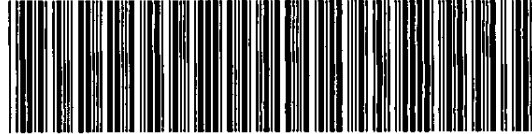
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA FLORENCE

JUL 08 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Itus Group, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000153374

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:

Melissa Kikendall

Name of Contact Person

Itus Group, Inc.

Firm/Company

1860 Town Hall Circle, Suite 58

Address

Fleming Island, FL 32003

City/State and Zip Code

csr@damasca.com

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

For further information concerning this matter, please call:

Melissa Kikendall

Name of Contact Person

at (904) 3496086

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: Itus Group, Inc.
2. The principal office address: 1860 Town Hall Circle, Suite 58, Fleming Island, FL 32003

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/09/2004 Document number: P04000153374

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)

Garreth K. Powell

414 Old Hard Road, Suite 402

Fleming Island, FL 32003

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

Garreth K. Powell

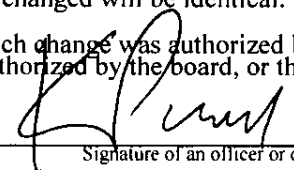
1860 Town Hall Circle, Suite 58

P.O. Box NOT acceptable

Fleming Island, FL 32003

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.

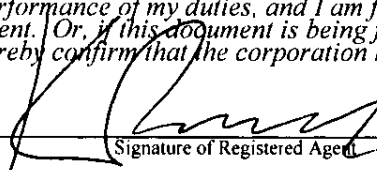


Signature of an officer or director

Garreth K. Powell / 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

06/27/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -5 AM 5:00

FILED