

P05 000 000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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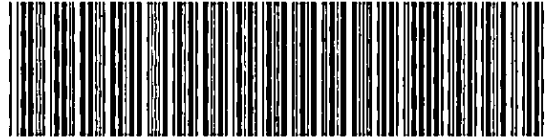
(Business Entity Name)

(Document Number)

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State of Florida

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SYSTEM DESIGN WIZARDS, INC.
Name of Corporation

DOCUMENT NUMBER: P05000000560

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:

John N. Gonzalez

Name of Contact Person

SYSTEM DESIGN WIZARDS, INC.

Firm/Company

7116 Maidstone Drive

Address

Port St. Lucie, FL 34986

City/State and Zip Code

john@sysdesignwiz.com

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

For further information concerning this matter, please call:

John N. Gonzalez

Name of Contact Person

at (772)

204-5865

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: SYSTEM DESIGN WIZARDS, INC.
2. The principal office address: 7116 Maidstone Drive, Port St. Lucie, FL 34986
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: January 3, 2005 Document number: P05000000560
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)

John N. Gonzalez

1426 SW Osprey Cove

Port St. Lucie, FL 34986

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

John N. Gonzalez

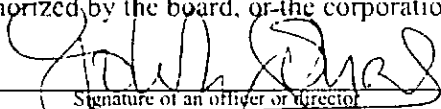
7116 Maidstone Drive

P.O. Box NOT acceptable

Port St. Lucie, FL 34986

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

John N. Gonzalez, President

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

October 9, 2022

Date

If signing on behalf of an entity:

JOHN N. GONZALEZ

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

CR2E045 (04/13)