

3/14/2018

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.
Account Number : I19990000123
Phone : (727)397-5571
Fax Number : (727)393-5418

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Karen@dhclaw.com

REGISTERED AGENT CHANGE
PROSOFT CONSULTING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd Request

APR 17 2018

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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: Prosoft Consulting Services, Inc.
2. The principal office address: 4185 Porte De Merano, Unit 153, San Diego CA 92122
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/12/2005 Document number: P05000125036
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).

Peter T. Hofstra8640 Seminole BoulevardSeminole, FL 33772

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

DeLoach, Hofstra & Cavis, P.A.8640 Seminole BoulevardP.O. Box NOT acceptableSeminole, FL 33772

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

Robert A Conn 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

March 13, 2018_____
Date

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President_____
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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