## 712000014140

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Systemas, INC. Name of Corporation		
DOCUMENT NUMBER: P1200001	4140	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Jorge A. DECSOL Name of Contact Person		
Systemas, INC.	<del></del>	
7536 LAKE HANCOC	K Blvd	
7536 LAKE HANCOC Address Winter Granden, FL 343 City/State and Zip Code	<del>187</del>	
E-mail address: (to be used for future annual rep	enas co (not com)	
For further information concerning this matter, pleas	e call:	
Jarge A. DECSOL  Name of Contact Person	at (407) 335-2925 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	(·)	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Systemas, two.
2. The principal office address: 7536 LAKE WANCOCK BLUD
Windermere, FL 34787
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/10/2012 Document number: P12000014140
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)
Jorge A. DEC SOC
74515W 112 ST
PINEOREST, FL 33156
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jorge A. DECSOL
7536 LAKE HANCOCK Blud P.O. Box NOT acceptable
WINDERMENE, FL 34787
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 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 Date
If signing on behalf of an entity: $7 - 11 - 2022$
Typed or Printed Name

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

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