

PI2000018434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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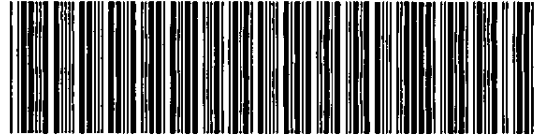
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
DEC 2 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FEKUSOFT CORP.
Name of Corporation

DOCUMENT NUMBER: P12000018434

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:

CSABA KENDRELLA

Name of Contact Person

FEKUSOFT CORP.

Firm/Company

8505 SW 181st TER

Address

PALMETTO BAY, FLORIDA 33157

City/State and Zip Code

kendrellacsaba@live.com

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

For further information concerning this matter, please call:

CSABA KENDRELLA at (561) 371-2100
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FEKUSOFT CORP.
2. The principal office address: 8505 SW 181st TER,
PALMETTO BAY, FLORIDA 33157
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/23/2012 Document number: P12000018434
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)

CSABA KENDRELLA

6565 EMERALD DUNES DR. #306

WEST PALM BEACH, FL 33411

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

CSABA KENDRELLA

8505 SW 181st TER

P.O. Box NOT acceptable

PALMETTO BAY, FLORIDA 33157

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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

CSABA KENDRELLA, 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

11/21/2013

Date

If signing on behalf of an entity:

CSABA KENDRELLA

Typed or Printed Name

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