

P12000020030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

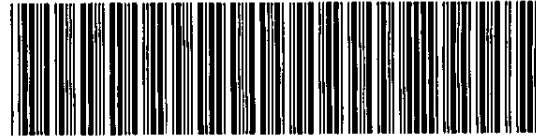
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900284561289

04/21/16--01009--005 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 21 P 1:10

FILED

APR 21 2016

T. LEMIEUX

20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBCOMSOFT CORPORATION
Name of Corporation

DOCUMENT NUMBER: P12000020030

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:

PAUL GONTARZ
Name of Contact Person

SBCOMSOFT CORPORATION
Firm/Company

10614 TIRANO CT
Address

FORT MYERS, FL 33913
City/State and Zip Code

MANATEECAY@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL GONTARZ at (978) 944-2395
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: SBCOMSOFT CORPORATION
2. The principal office address: 10614 TIRANO CT
FORT MYERS, FL 33913
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/28/2012 Document number: P12000020030
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)

GONTARZ, PAUL J
128 WILDERNESS CAY
NAPLES, FL 34114

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

GONTARZ, PAUL J
6 TIRANO CT
FORT MYERS, FL 33913

P.O. Box NOT acceptable

2016 APR 21 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Paul J. Gontarz
Signature of an officer or director

PAUL J. GONTARZ, 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.

Paul J. Gontarz
Signature of Registered Agent

04/18/2016
Date

If signing on behalf of an entity:

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 (03/12)