

P13000011515

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: apuri.raj@gmail.com

**REGISTERED AGENT CHANGE
ALL CORNERS IT SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2023 APR -4 PM 2:36

2023 APR -4 PM 2:45

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Corporate Filing Menu

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COVER LETTER

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TO: Amendment Section
Division of Corporations

SUBJECT: ALL CORNERS IT SOLUTIONS INC.
Name of Corporation

DOCUMENT NUMBER: P13000011515

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:

Raj Apuri

Name of Contact Person

All Corners It Solutions Inc.

Firm/Company

31549 Sun Kettle Loop

Address

Wesley Chapel, FL 33545

City/State and Zip Code

apuri.raj@gmail.com

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

For further information concerning this matter, please call:

Raj Apuri

at 419-957-1845

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CRDCHS 04/03

2023-04-11 09:46

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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: ALL CORNERS IT SOLUTIONS INC.
 2. The principal office address: 31549 Sun Kettle Loop , Wesley Chapel, FL 33545

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/04/2013 Document number: P13000011515

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)

INCPOR SERVICES, INC.

3458 Lakeshore Drive

Tallahassee, FL 32312

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

RAJ APURI

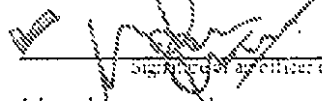
31549 SUN KETTLE LOOP

P.O. Box NOT acceptable

WESLEY CHAPEL, FL 33545

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.

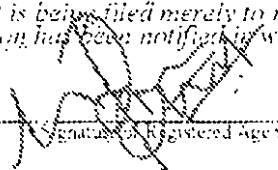


 Signature of registered agent or director

Raj Apuri, 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

03/07/2023

Date

If signing on behalf of an entity:

Raj Apuri

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
 CR2E04S (04/13)

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