P13000015354

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COVER LETTER

TO: Amendment Section Division of Corporations

Computer Repair Doctor Inc.

P13000015354

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:

Matt Ham Name of Contact Person Computer Repair Doctor Firm/Company 523 E Tennessee St Tallahassee, FL 32308

City/State and Zip Code

matt@computerrepairdoctor.com

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

For further information concerning this matter, please call:

Matt Ham Name of Contact Person

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

statement of cha	unge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.
1. The name of	the corporation: Computer Repair	Doctor Inc.
2. The principal	office address: 523 E Tennessee	St., Tallahassee FL 32308
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 2/15/13	Document number: P13000015354
	d street address of the current registered agreement of State: (If resigned, enter resigned	
	United States Corporation Ag	gents, INC.
	13302 Winding Oak Court A	W TARK
	Tampa, FL 33612	AFF. EB
6. The name and (if changed):	d street address of the new registered agen	TALLAHASSEE, FLORIE of changed) and /or registered office FLORIE
	Matt Ham	DRITE OR IT
	523 E Tennessee St.	7
	P.O. Box NOT a	acceptable
	Tallahassee, FL 32308	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not Λ	by its board of directors or by an officer so ified in writing of the change.
Matt	Ku	Matt Ham (Owner)
Signato I hereby accept I further agree i performance of agent. Or, if the hereby confirm	re of an officer or director the appointment as registered agent and to comply with the provisions of all statument duties, and I am familiar with and active document is being filed merely to reflet that the corporation has been notified in	Printed or typed name and title I agree to act in this capacity. Ites relative to the proper and complete I accept the obligation of my position as registered I capacity the contract of the registered office address, I I writing of this change.
MA	4/2	2-12-14
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Matt Ham		
1	yped or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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