

P150000 56506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

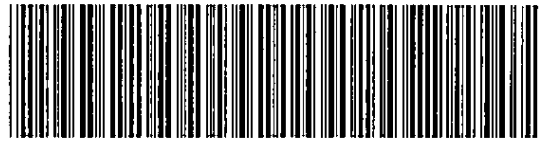
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS,
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comlink Total Solutions Corp
Name of Corporation

DOCUMENT NUMBER: P15000056506

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:

Matthew D Santini
Name of Contact Person

Comlink Total Solutions Corp
Firm/Company

2891 Center Point Dr Ste 203
Address

Fort Myers FL 33916
City/State and Zip Code

matt@comlinksmb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Santini at (239) 839-1588
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

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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: Comlink Total Solutions Corp
2. The principal office address: 2891 Center Pointe Dr Ste 203 Fort Myers FL 33916
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/1/2015 Document number: P15000056506

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)

Matthew D Santini
11667 Eros Rd
Lehigh Acres, FL 33971

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

Matthew D Santini
10020 Spicebush Lane
P.O. Box NOT acceptable
Fort Myers FL 33913

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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

Matthew D Santini CEO
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

8-7-19
Date

If signing on behalf of an entity:
Matthew D Santini
Typed or Printed Name

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