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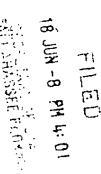
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RIMIN

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Foundations IT, Inc.

Name of Corporation

DOCUMENT NUMBER:

P16000077110

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:

Jonathan Wesley Wilson

Name of Contact Person

Foundations IT, Inc.

Firm/Company

13148 Greengage Lane

Address

Tampa FI. 33612

City/State and Zip Code

wes.wilson@foundationsIT.com

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

For further information concerning this matter, please call:

J. Wesley Wilson

,813 230-9958

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

statement of char	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida . n organized under the laws of the State of	Florida	_
		r registered agent, or both, in the State of I	^F lorida.	
1. The name of the	he corporation: Foundations	IT,Inc.		
2. The principal	office address: 13148 Greer	ngage Lane, Tampa Fl. 33612	<u> </u>	
3. The mailing ac	ddress (if different):			
4. Date of incorp	poration/qualification: 09/20/20	016 Document number: P1600	0077110	
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file w resigned)	ith the	
	Jonathan W Wilson		,	
	13148 Greengage Lane	e	HUT 9	
	Tampa Fl. 33612		500 00 −	F
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered of	SER PRICE	LED
,	REGISTERE	D AGENTS INC.	₹. 9	
	3030 N. Rocky Poin	t Drive, STE 150A		
	P.O. E Tampa, FL 33607	Box NOT acceptable		
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its	s registered age	nt,
Such change was authorized by	s authorized by resolution duly a board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
6/2	Later	J. Wesley Wilson	P	_
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to	my duties, and I am familiar with s document is being filed merely that the corporation has been not	June 3rd, 2018	plete i as registered	_
	nature of Registered Agebi	Date		
If signing on beh	/Assistant Secretary			
	red 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 * * *