

P16000089800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

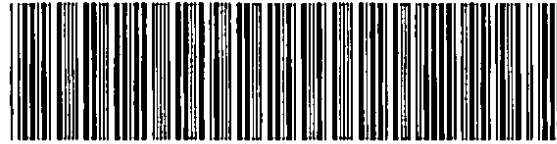
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FEB 13 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **KATPRO TECHNOLOGIES INC**
Name of Corporation

DOCUMENT NUMBER: **P16000089800**

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:

Kothandaraman Rajangam

Name of Contact Person

Katpro Technologies Inc

Firm/Company

150 E Bloomingdale Ave Ste 188

Address

Brandon FL 33511

City/State and Zip Code

kothand@katprotech.com

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

For further information concerning this matter, please call:

Kothandaraman Rajangam at (**813**) **502 3846**

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: Katpro Technologies Inc
2. The principal office address: 150 E Bloomingdale Ave Ste 188
Brandon Florida 33511
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/27/2016 Document number: P16000089800

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)

Kothandaraman Rajangam

1205 Astor Commons Pl Apt #203

Brandon FL 33511

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

Kothandaraman Rajangam

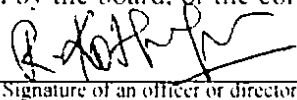
6209 Knob Tree Dr

P.O. Box NOT acceptable

Lithia Florida 33547

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.

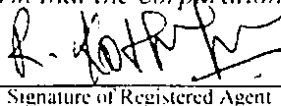


Signature of an officer or director

Kothandaraman Rajangam, CEO/ 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.



Signature of Registered Agent

2/5/2018

Date

If signing on behalf of an entity:

KOTHANDARAMAN RAJANGAM

Typed or Printed Name

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