

P170000 20893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Signature IT Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000020893

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:

Saravanan Guruswamy
Name of Contact Person

Signature IT Solutions, Inc.
Firm/Company

N 56TH ST
7402 Corporate Square Plaza #314
Address

Tampa, FL 33617
City/State and Zip Code

saan0306@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saravanan Guruswamy at (501) 349 1930
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Signature IT Solutions, Inc.
2. The principal office address: 7402 Corporate Square Plaza,
North Street, Unit #814, Tampa FL 33617
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/3/17 Document number: P17000020893
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)

Resigned

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

Saravanan Guruswamy
Signature IT Solutions
P.O. Box NOT acceptable
7402 Corporate N 56th St, #814, Tampa, FL 33617

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.

M. M. Gamm
Signature of an officer or director

SARAVANAN GURUSWAMY
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.

M. M. Gamm
Signature of Registered Agent

6/16/17
Date

If signing on behalf of an entity:

M. M. Gamm
Typed or Printed Name

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