

P18 000050663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

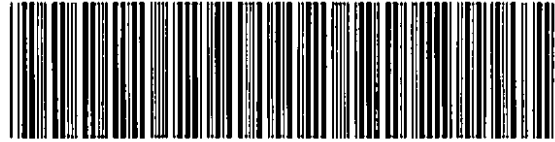
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

A. Butler
8/26/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMTEK CUSTOM SOLUTIONS, INC
Name of Corporation

DOCUMENT NUMBER: P18000050663

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:

Tyro Troxell

Name of Contact Person

COMTEK Custom Solutions, Inc

Firm/Company

PO BOX 3735

Address

Holiday, FL 34692

City/State and Zip Code

tyrotroxell@comtekcs.com

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

For further information concerning this matter, please call:

Tyro Troxell

Name of Contact Person

at (815) 714-8040

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: COMTEK CUSTOM SOLUTIONS, INC
2. The principal office address: 1744 Hoyle Drive, Holiday, FL 34691
3. The mailing address (if different): PO BOX 3735, Holiday, FL 34692
4. Date of incorporation/qualification: 06/04/2018 Document number: P18000050663
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)

Tyro Troxell
4939 Floramar Ter Apt 909
New Port Richey, FL 34652

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

Tyro Troxell
1744 Hoyle Drive
Holiday, FL 34691

P.O. Box NOT acceptable

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.

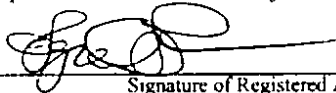


Signature of an officer or director

Tyro Troxell, 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

08/12/2021

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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SECRETARY OF STATE
TALLAHASSEE, FL