

PQ2000 013 176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

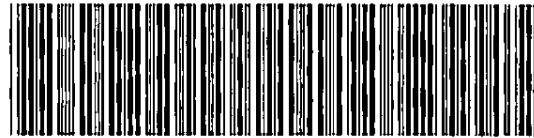
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/19--01006--031 **\$5.00

SEP 30 2019
TALLAHASSEE, FL

2019 SEP 30 AM 8:30

PM 4:40

OCT 18 2019

C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMTEK CONSULTING SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P92000013176

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:

JAIME EYZAGUIRRE

Name of Contact Person

COMTEK CONSULTING SERVICES, INC.

Firm/Company

5056 NW 113 AVE

Address

CORAL SPRINGS FL 33076

City/State and Zip Code

jaime.eyzaguirre@comtek-us.com

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

For further information concerning this matter, please call:

Jaime Eyzaguirre

Name of Contact Person

at (954) 634 7000

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: COMTEK CONSULTING SERVICES, INC.
2. The principal office address: 1791 Blount Road - Unit 1005
Pompano Beach FL 33069
3. The mailing address (if different): 5056 NW 113 Ave
Coral Springs FL 33076
4. Date of incorporation/qualification: 12/21/1992 Document number: P92000013176
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)

Jaime Eyzaguirre

4783 NW 103 Ave

Sunrise FL 33351

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

Jaime Eyzaguirre

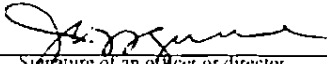
5056 NW 113 Ave

P.O. Box NOT acceptable

Coral Springs FL 33076

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

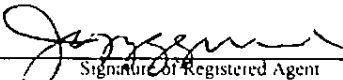
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JAIME EYZAGUIRRE / 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

9/26/2019

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 (03/12)