

P94 000092369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

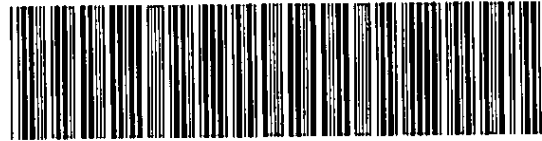
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12/13/21--01008--027 **25.00

700377850637
01/20/22--01023--001 **10.00

FILED
2022 JAN 19 AM 9:23
CLERK OF DISTRICT COURT

A. RAMSEY

JAN 24 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JAN 19 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FL

December 29, 2021

LOVETTE DOBSON
INCFILE.COM LLC
17350 STATE HWY 249 #220
HOUSTON, TX 77064

SUBJECT: ICATT PROFESSIONAL SERVICES, INC
Ref. Number: P94000092369

We have received your document for ICATT PROFESSIONAL SERVICES, INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 721A00031338

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICATT PROFESSIONAL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: 194000092369

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:

LOVETTE DOBSON

Name of Contact Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (888) 462-3453
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: ICATT PROFESSIONAL SERVICES, INC.
2. The principal office address: 2816 SANS PAREIL STREET, JACKSONVILLE, FL 32246
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/22/1994 Document number: P94000092369
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)

Gebreyesus "Gabe" Hamda

2816 Sans Pareil Street

Jacksonville, FL 32246

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

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL 33907

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.

Gabe Hamda

Signature of an officer or director

Gabe Hamda/Director

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.

Wesley Dolan

Signature of Registered Agent

12/02/2021

Date

If signing on behalf of an entity:

Wesley Dolan

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)