Pas00058142

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
,				
(Document Number)				
,				
Certified Copies Certificates of Status				
· · · · · · · · · · · · · · · · · · ·	 1			
Special Instructions to Filing Officer:				
00				
FF120 14				

Office Use Only



100424898141

03/04/24--01025--022 **35.00

2024 MAR -4 AMII: 5

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ Name	ECT: INFOTECH SOFT, INC. of Corporation				
DOCUMENT NUMBER: P98000058142					
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:					
	ARD I. KORMAN				
Name	of Contact Person				
	ARD I. KORMAN, P.A.				
Firm (Company				
	INCOLN RD SUITE 8R				
Addre	ess				
	II BEACH. FL 33139				
City S	tate and Zip Code				
	richard@richardikonnan.com				
E-ma	il address: (to be used for future annual	report notification)			
For further information concerning this matter, please call:					
Richa	rd I. Korman	nt i 305 322-1826			
	Name of Contact Person	at (305) 322-1826 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address:			
		Amendment Section			
	Division of Corporations	Division of Corporations The Centre of Tallahassee			
	P.O. Box 6327	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314	Tallahassee, FL 32303			

CR2E045 (04 13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of clic	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	ed under the laws of the State of	FLORIDA
	er to change its registered office or register	red agent, or both, in the State of	Florida.
1. The name of	the corporation: NFOTECH SOFT. INC.	CTT 420 CODAL CADUTE II	33124
2. The principal	office address: 299 ALHAMBRA CIRCLE	STE 420, CORAL GABLES, FL	33134
_	address (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incor	poration/qualification: 06/30/1998	Document number: P98000	058142
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		with the
	ADAM M KABUKA		
	808 BRICKELL KEY DRIVE STE 401		_
	MIAMI, FL 33131		2024 HAR SECRET
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered c	一次語 占 口
	RICHARD I KORMAN		
	407 LINCOLN RD STE 8R		YOF STA
	P O. Box	NOT ecceptable	_ ਹੁਣ ;;
	MIAMI BEACH, FL 33139		
The street address changed will	ess of its registered office and the street a I be identical.	address of the business office of	its registered agent.
Such change wauthorized by t	as authorized by resolution duly adopted he board of the corporation has been not	by its board of directors or by a ified in writing of the change.	ın officer so
_	AHT	Mansus Kabuk	(a, Director
•	me bi du phicer be america		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the obli- ing filed merely to reflect a change in the is been notified in writing of this change.	l agree to act in this capacity ites relative to the proper and co gation of my position as register registered office address, I her	omplete performance red agent. Or, if this reby confirm that the
Micha	al Q Koman	FEBRUARY 8, 2024	
If signing on b	ehalf of an entity:		
•	Typed or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

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