

P99 000045657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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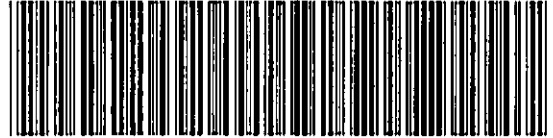
(Business Entity Name)

(Document Number)

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SCOTT COUNTY STATE  
TALLAHASSEE, FL

cf 4/8/2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Change of Registered Agent  
Name of Corporation \_\_\_\_\_

DOCUMENT NUMBER: P99000045657  
\_\_\_\_\_

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:

Raj Mondraty

\_\_\_\_\_  
Name of Contact Person

IT SOFTWARE SOLUTIONS, INC.

\_\_\_\_\_  
Firm/Company

3801 N UNIVERSITY DR SUITE # 315

\_\_\_\_\_  
Address

SUNRISE, FL 33351

\_\_\_\_\_  
City/State and Zip Code

raj@itssonline.com

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

For further information concerning this matter, please call:

Raj Mondraty

\_\_\_\_\_  
Name of Contact Person

at (954) 239 3435  
\_\_\_\_\_  
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: I T Software Solutions Inc.
2. The principal office address: 3801 N UNIVERSITY DR SUITE # 315 SUNRISE, FL 33351
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/19/1999 Document number: P99000045657
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)

BAKER, REID SESQUIRE, THE LAW OFFICES OF REID S BAKER P.A

110 S.E. 6th Street, 110 Tower - Suite 1700

Fort Lauderdale, FL 33301

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

Edwin L. Crammer CPA

3801 North University Drive Suite 318

P.O. Box NOT acceptable

Sunrise, FL 33351

SECRET  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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]  
Signature of an officer or director

03/18/2022  
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]  
Signature of Registered Agent

03/18/2022

Date

If signing on behalf of an entity:

Edwin L. Crammer

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)