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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Intercoast Computer Technologies of Florida Inc

Name of Corporation

DOCUMENT NUMBER: \$300

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:

## William Hinkelman

Name of Contact Person

Intercoast Computer Technologies of Florida Inc.

Firm/Company

12819 Kite Drive

Address

Bradenton, FI 34212

City/State and Zip Code

bill@ictflorida.com

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

For further information concerning this matter, please call:

William Hinkelman

,941 \524-46

Name of Contact Person

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, is ized under the laws of the State of Florida	this
		ered agent, or both, in the State of Florida.	
		ter Technologies Of Florida Inc.	-
• •	office address: 12819 Kite Drive n FI 34212		
3. The mailing a			
4. Date of incorp	poration/qualification: 02/06/1991	Document number: S30076	
	street address of the current registered at tment of State: (If resigned, enter resigned	gent and registered office on file with the d)	
	William John His	kelman	
	4441 Nicole Circle		
	Tequesta, FL 33469		[7]
6. The name and (if changed):	street address of the new registered agen	to the second se	
	William Hinkelman		
	12819 Kite Drive		
	P.O. Box NOT Bradenton, FI 34212	acceptable	
The street addre	ss of its registered office and the street a be identical.	address of the business office of its register	ed agent,
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been not		)
Signatur	e of an officer or director	William Hinkelman President  Printed or typed name and title	
I further agree t	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflet the corporation has been notified in	l agree to act in this capacity. Ites relative to the proper and complete Eccept the obligation of my position as regist I can act ange in the registered office address In writing of this change.	tered s, I
Mah	- Hall	1/14/2014	
C	nature of Registered Agent	Date	<u>—</u>
<u> </u>	nalf of an entity:		
William Hinl	kelman ped or Printed Name		
•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE; \$35.00 \* \* \*